



Active ageing and the unmaking of old age

The knowledge productions, everyday practices and policies of the good late life

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PhD thesis

Aske Juul Lassen

Active ageing and the unmaking of old age:

The knowledge productions, everyday practices and policies of the good late life



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Active ageing and the unmaking of old age:

The knowledge productions, everyday practices and
policies of the good late life

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PhD Thesis

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28th May 2014

Cover:
Doing Pilates at activity centre 1. Picture taken by the author, February 2011.

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<http://dx.doi.org/10.1016/j.techfore.2014.01.006>

Article B: Unmaking old age: political and cognitive formats of active ageing

Written with Tiago Moreira. Published in *Journal of Aging Studies*, volume 30, August 2014,
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Article C: Billiards, rhythms, collectives - Billiards at a Danish activity centre as a
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Will be published in *Ethnologia Europaea*, 44:1, pages 57-74.

Article D: Keeping disease at arm’s length – how older Danish people distance
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ABBREVIATIONS USED IN PART 1 AND 2:

CEHA: Center for Healthy Aging

EC: European Commission

EU: European Union

PPIP: Public-private innovation partnership

UN: United Nations

WHO: World Health Organization

Preface

Six days before handing in this dissertation, I went to the funeral service of an old woman, Katja, who was a dear friend from my childhood whom, I must admit, I had not seen for years. It was one of these rare funeral services where the atmosphere, although sentimental and sad at moments, was characterised by a good mood, swinging jazz tunes and a feeling of thankfulness for having known this remarkable woman, as well as a sense of relief because she had now finally been released from her pain. 90 years old, Katja died after a long period of back pains and progressive dementia, and she was ready to go. I am writing this because, in many ways, she personified this dissertation's theme: active ageing. I remember how, after retirement, she was always engaged in numerous grassroots organisations and constantly went to political meetings in between the many cultural events she attended, sometimes with me as her companion. She was eager to pass on her interest for life, engagement with politics and fascination with culture and arts to new generations.

Katja was remarkable for her generation. Had she been born in 1943 instead of 1923, her way of living post-retirement may not have stood out as much as it did when she retired in the 1980s. The way older persons lead their life is changing. Old age is not what it was just decades ago. This change can be ascribed to numerous factors, and this dissertation attempts to show how the different rearticulations of old age relate, and how active ageing distributes a demand to 'keep going' throughout the entire life course – to participate, engage, work longer, be more physically active and lead healthy lives in general. In their attempts to facilitate long and healthy lives, the active ageing policies begin to target lifestyle from the embryo stage. This also emphasises how lifestyle and ageing are not individual actions, but are collective achievements and processes that occur in the entanglements between people and their surroundings – it is not up to the embryo to lead a healthy life, but to the mother and her entanglements with the world. As such, active ageing is about an ideal of the good life, which emphasises participation and activity. While I, through my research, have seen examples of how the policies that form the active late life do not always take existing everyday practices into account – that policies are out of sync with everyday life – this dissertation is not a deconstructing critique that opts for an abolishment of active ageing; rather, it is a constructivist engagement with it.

I would like to thank the people who have helped me with this dissertation. First of all my research subjects – both the people I interviewed and the participants in the various activities I attended, for their patience with my annoying questions and poor billiards skills; Fritz von Nordheim for the interview and a pile of documents that have been crucial to my research; the managers at the activity centres for granting me access. I also owe great thanks to the partners in Lev Vel/No Age who helped me in the beginning phases of the project and always had their doors open.

I owe a special thanks to my supervisors, Michael Kjær, Astrid Pernille Jespersen and the now late Lene Otto: Michael Kjær for having his door open when I needed advice; Astrid Pernille Jespersen - who took me under her kind, ambitious and inspiring wing when Lene fell sick - for believing in my project and constantly giving it an extra push; Lene Otto for showing me that studying old age is both interesting and important, and for establishing the research group I have been part of at the Center for Healthy Aging.

Also, a special thanks to Tiago Moreira for welcoming me in Durham, showing me a way to study the history of ageing and for the generous provision of insights and research time.

I also owe thanks to the many wise discussants and readers during my project: Marie Sandberg, Paul Stenner, Sharon Kaufman, Signe Mellempgaard and Stephen Katz, as well as Anne Leonora Blaakilde for her many pieces of advices along the way regarding how to study ageing. Thanks to my colleagues at ethnology for insightful comments and an inspiring research environment. Thanks to Amy Clotworthy and Luci Wolfdale for language revision, and my dear friend Jakob Voldum for lending me his modelling skills.

The Nordea Foundation has sponsored the Center for Healthy Aging, and I owe both the foundation and the centre great thanks for establishing a place to study ageing from an ethnological, humanistic perspective in Denmark. In that regard, I would also like to thank Astrid Pernille Jespersen and my colleagues at the Humanistic Research

Group for Body, Health and Ageing for establishing an engaged and budding research group.

Finally, I would like to thank the kind of entanglements with the world that I outlined above, and of which I am lucky enough to form part: My wife Rie for her support, love and patience with the many weekends and evenings I have worked lately; our daughter Viva for her joy, her fantastic way of assembling the world and for teaching me how to dwell in the moment; her little brother who will arrive in two months for all the ideas and imaginings that such a foetus unknowingly generates; and the grandparents always ready with a helping hand, despite the very active late lives that they lead.

Aske Juul Lassen, Copenhagen, May 2014

1. Introduction

Ageing is on the agenda. The ageing global population provides new and hitherto unseen societal challenges, and conventions such as '*the ageing revolution*' (Wahl et al. 2007), '*the silver tsunami*' (Delafuente 2009), '*the ageing society*' (Casey et al. 2003) and '*active ageing*' (Kalache & Kickbusch 1997) all articulate ageing as a key concern of our time. All of these conventions connote that ageing poses a threat to society and the economy as we know them, which in turn necessitates fundamental changes to the way that society is organised and to how individuals can expect to live their late life. As such, ageing is not only a biological process of decline.

I consider ageing to be what French sociologist Bruno Latour (b. 1947) has termed a '*matter of concern*', rather than a matter of fact (Latour 2004). Matters of concern are gathered through a range of concerned practices and disputed facts, and require engagement on the part of those researching them. A matter of concern is formed, disputed, negotiated and transformed through different practices and knowledge forms. Ageing is an everyday concern that can be tinkered with through a myriad of different everyday practices; an economic concern that can be controlled through redistribution and production; a demographic concern that can be solved with population politics; a sociological concern that can be managed via structural changes; a medical concern that can be altered by medical innovation; an epidemiological and biomedical concern that can be prevented by healthier lifestyles and a political concern that seeks possible answers in these various disciplines.

All of these diverse, interlocking, engaging, knowledge-making practices produce ideas about the life course and the good late life (Moreira 2010). The different practices do not exist in a vacuum; rather, they are entangled with each other. Approaching ageing as a matter of concern is a way of showing how it is gathered in these practices. It is also a way to show the negotiation and transportation that occurs between the different practices and ideals of the good late life. This approach also requires an engagement with the matter of concern. One must recognise the messiness of the practices and attempt to compose a common world between them; in the words of Latour, one must act as a diplomat between the different worlds (2002).

I propose that the ethnologist could become such a diplomat by studying the rationales of these different worlds and practices, and by striving to establish a place where they may gather. As I will demonstrate, I have studied several of the different worlds of ageing. However, as an object of scrutiny for this ethnological Ph.D. dissertation, everyday practices are central to my argument and my ethnological background is probably more obvious to the reader than I imagine. I do not set out to defend the everyday practices of the elderly, nor do I attempt to preserve them or act as advocate for the elderly. Rather, I see my role as that of a diplomat engaged in a negotiation engendered by the changes and reorganisations that are brought about by ageing populations. Furthermore, I assert that everyday practices are a crucial aspect of this negotiation because they are subject to political intervention and change, and that they also accommodate the potential for these changes to happen. The role of the ethnological diplomat is to bring these everyday practices into the negotiations of the good late life.

Furthermore, ageing is not only a concern for the elderly, but for the entire population. Ageing appears in a range of situations, be it caring for elderly relatives, living healthily for the sake of future health and longevity, planning retirement and securing oneself through private pensions and insurances, preventing future social isolation by engaging in community activities and volunteer work, or utilising medical technology which saves stem cells for use against future health problems. As such, ageing appears in everyone's life, regardless of their current life stage. So-called 'active ageing policies' have played an important role in redistributing the concern of ageing throughout the life course.

The object of inquiry in this dissertation is *active ageing*. Since the turn of the millennium, active ageing has been a key policy response to the challenge of ageing (EC 1999, WHO 1999) and is positioned as the best possible solution to ageing. Active ageing highlights the benefits of an active life –physically, mentally and socially and in terms of labour – for a good ageing process. I argue that active ageing radically transforms old age from a limited period of passiveness and dependence to a long life phase of activity and independence. This transformation is underpinned by a range of scientific models and standards, which propose that the process of ageing can be postponed or reversed by living an active life. But the transformation is also

predicated by the increasingly long, healthy and active lives and the everyday practices of the elderly, in which they engage in activities and refer to the good late life as an active late life.

In part, ageing is a matter of concern due to a decline in mortality and fertility rates. Too many people are getting too old. But this is not a concern in itself. Ageing is a concern because the way in which society is organised does not harmonise with increasing longevity. This entails a change to the way in which the life course is organised, and to how population politics are formed, as well as to expectations towards old age and life conduct in general. Active ageing is an attempt to produce this change on all of these levels and transform ageing from a concern to a manageable entity. This is enabled by new relations between different epistemes, new entanglements between the biological, the individual and the collective, longer and healthier lives and the constant rethinking and transformation of the concern. Via these factors, ageing research has moved from a specialised niche to an engagement with a concern that is central to our time. In order to understand and engage with the organisation of society, one must consider the concern of ageing.

I have engaged with ageing on several levels. On a personal level, the deaths of my four grandparents during the last two decades – and in particular the years when my grandmother suffered from dementia – made ageing appear to me as a constant and inevitable process of decline, which could coincide with clarity, joy and peace. It also made my own and my parents' position in the life course appear firmer. Likewise, the birth of my daughter and bringing her up, as well as my wife's current pregnancy, have made the circle of life and the idea that ageing already begins in the uterus very pertinent to me. As I will show in this dissertation, one aspect of active ageing is the attempt to make people aware of ageing as a constant process throughout life that can be altered through lifestyle. Researching ageing has also opened ageing up to me as a process that does not necessarily entail pain and suffering. And active ageing seems to corroborate this insight: that the process of decline can be altered and full of life. But in this dissertation I do not emphasise the personal experience of decline, nor do I uncritically praise the effects that active ageing has in the world. Rather, I scrutinise ageing and active ageing on several levels: policies, knowledge productions and everyday practices. I do this through the following research questions:

How is active ageing practised, negotiated and formed, and what kinds of good late lives does active ageing produce?

How can ageing as a matter of concern be researched empirically, and how can ethnology contribute to this research?

I have researched these questions through a wide range of methods and fields: a document study of policy papers (primarily from the 1990s and onwards) from the EU and the WHO and their links to gerontology; a document study of primarily social gerontological literature on activity (1940s and forward); an expert interview with a principal administrator in the EC; participation as a partner in the PPIP No Age¹, which was aimed at developing technologies for older persons that would facilitate social and physical activity, and an ethnographic study of two activity centres in the Copenhagen area, including interviews with 17 of the members²⁻³.

To study the composition of the matter of concern, I argue that we need to look closely at the small things that hold it together. In order to illustrate how it needs to be held together, I suggest the metaphor of the fibre as an analytical tool. The fibres are the myriad small routines, gestures, epistemes, laboratories, experiments, bills, conferences and administrations that together configure practices and craft ageing in specific ways. The fibres interlock in complex networks and are condensed into three entangled formations of fibres: knowledge productions, policies and everyday practices⁴. These entangled formations should not be regarded as three separate domains; rather, they are in a constant state of formation and negotiation with each other. Also, the three formations are each in plural in order to emphasise that they are not coherent entities but are always disputed and fragmented. However, they can also

¹ The PPIP was called 'Lev Vel' (www.lvvl.dk, Accessed 7th May 2014) in Danish, which directly translates to 'Live Well'. However, in the beginning of the project it was decided that the English name should be 'No Age'. As the project primarily focused on Denmark, this translation was seldom used, but the proposed abolishment of age in the name 'No Age' adds to the argument of the dissertation.

² For an overview of different sources, see the appendix.

³ All the names of the research subjects have been changed to ensure confidentiality, and all quotes from the ethnographic fieldwork have been translated from Danish by the author.

⁴ Throughout the dissertation I distinguish between three closely related concepts (see illustration 8 on page 55 for a visualisation of this distinction):

- Formation refers to the three entangled formations of fibres.
- Form refers to the products of knowledge productions, such as standards and models.
- Format refers to the active ageing policy packages.

be separated into three distinct formations of fibres since, in general, they produce three different products.

The knowledge productions are primarily scientific practices, which produce different forms, such as standards, conventional arrangements, models and classifications. These constitute specific modes of knowing about ageing. The everyday practices are primarily practices of the elderly, which produce different problems, such as decline, dependence, loneliness and passivity. These problems are often articulated in the other formations, but are also specific features in the everyday practices of the elderly. The policies are primarily formed in political institutions such as the EU and the WHO, which invest in specific forms of knowledge productions and problems of everyday practices. These investments can take the form of political campaigns, budgeting, reforms, infrastructure etc. Through the operationalisation of different investments, policies constitute active ageing formats with specific ideals of the good late life and specific effects in the world.

This dissertation has a compositionist agenda (Latour 2010) and aims to engage in the way active ageing is formed. It is not merely a matter of deconstructing, criticising and dissecting active ageing; it is also about engaging in its formation, and recomposing the threads that make it up (cf. Jespersen et al. 2012). I believe that the field of ethnology can contribute to ageing as a matter of concern using the analytical approach outlined above and that hitherto, this approach to ageing has been somewhat neglected. While ethnology, with some important exceptions that I will outline later, has mostly refrained from engaging in ageing, the field of social gerontology has significantly influenced the formation of ageing by producing knowledge about the elderly which has been used to organise society (Katz 1996). Throughout this dissertation, social gerontology is used as a source of inspiration, a sparring partner and a historical source.

According to ethnologists Thomas Højrup (1995) and Johannes Møllgaard (2010), ethnology is not just the study of the social and cultural aspects of everyday life, but also the study of the ways everyday life relate to different kinds of governing, power and knowledge; how everyday life is interpellated (e.g. Højrup 1995, Nielsen 2004), disciplined (e.g. Damsholt 2000, Otto Undated.) or practiced (e.g. Jespersen 2007,

Sandberg 2009) by different forms of authority. Ethnology does not approach the good life as an ideal formed exclusively via everyday practices. Rather, it approaches life conduct and ideals of the good life as being practised and formed through heterogeneous practices. It is neither bottom-up nor top-down, but a constant negotiation. As such, ethnology can show how the good late life is negotiated and formed through everyday practices, knowledge productions and policies.

In the following section, I give a brief introduction to active ageing to show how active ageing intends to solve the matter of concern, before I proceed to outlining the structure of the dissertation.

Active ageing: The unmaking of old age

Active ageing was formed in the EU and the WHO in the late 1990s. Through events such as the 1999 UN *'International Year for Older Persons: Towards a Society for All Ages'*, the UN 2002 *'2nd World Assembly on Aging: Building a society for all ages'* and the EU 2012 *'European Year for Active Ageing and Solidarity between Generations'* they promote active ageing as the solution to the challenges that accompany ageing populations.

Active ageing policies mix geriatrics, bio-gerontology, social gerontology, epidemiology and demography and, on the basis of these different ways of knowing about ageing, turn their insights into policy. In this mix, the assigned role of the elderly as declining, ill, dependent and frail becomes obsolete and regarded as a mistake inherent to the provision and support of the welfare state. As Alan Walker, one of the scholarly craftsmen behind the EU active ageing policies, states in an article about the emergence of active ageing:

(The) association between older people and the welfare state produced both positive and negative outcomes for this group: Summarizing drastically, on the one hand, it raised their living standards substantially in most Western European countries, but on the other hand, it contributed to their social construction as dependent in economic terms and encouraged popular

ageist stereotypes of old age as a period of both poverty and frailty
(Walker, 1980; Townsend, 1981, 1986; Binstock, 1991). (Walker 2009:77).

In this regard, active ageing in the EU can be seen as a policy response to the social construction of old age. The EU attempts to rearticulate old age by stating that ‘(d)emography is not destiny’ (von Nordheim 2000:1). In the EU, active ageing is formed as a mind-set and a facilitation of pension reforms. Changing cultural expectations towards ageing and creating longer work lives go hand in hand, as the goal is to make people realise the advantages of a longer working life. The EU positions mandatory retirement and early retirement patterns as a product of 20th century industrial society and welfare states. These products are obsolete today due to a change in work conditions and healthier older people living longer. With a current average of 20 to 24 years of retirement in most EU member states (EU 2012:14), the goal of active ageing is to create sustainable economies out of the many resources that the elderly can provide, and to ensure improved living standards and higher quality of life for the elderly who were hitherto pacified and disempowered by mandatory retirement. This is accomplished through pension reforms, healthcare reforms, labour market reforms, age management and promoting intergenerational solidarity and more active late lives.

In the WHO, active ageing is constructed around physical activity. Until the 1990s there were diverging opinions about the benefits of physical activity in old age, but with an increasing body of research suggesting the benefits of physical activity, the WHO gathered a range of scholars to outline ‘*Heidelberg Guidelines for Promoting Physical Activity among Older Persons*’ (WHO 1996) that were meant to unanimously promote physical activity among the elderly. The latter half of the 20th century saw a radical decrease in global fertility and mortality rates, and a healthy lifestyle throughout life – including physical activity – could ensure a healthy population with a high quality of life in the years that have been added, and are continuously being added, to life. It was now time to ‘*explode the myths of ageing*’ (WHO 1999) and show how a healthy lifestyle could lead to a good and long late life, in which new interests could be pursued and participation in society could continue.

I argue that active ageing is multiple. While the EU and the WHO policies have many similarities, they are not quite the same. They are two interrelated but distinct formats, i.e. two policy packages operationalised via a range of different theories of ageing that have different effects in the world. The two formats have several similarities to each other, but they draw on different standards and models of ageing, and intervene in late life in different ways. They share the key idea that ageing is malleable and that activity has rejuvenating properties. However, the forms of activity they promote are different. Whereas the EU format embraces longer and healthier lives and tries to integrate these lives into the organisation of society by promoting productive activity in late life, the WHO format promotes even longer and healthier lives through physical, mental and social activities and improvements in lifestyle. One format endeavours to integrate the change that has occurred, whereas the other attempts to promote further change.

But the ageing populations do not just passively accept active ageing. As I will demonstrate, the active ageing formats are negotiated and transformed in everyday practices.

Active ageing has been the subject of research within physiology (Chodzko-Zajko & Schwingel 2009) and different schools of social gerontology (Moulaert & Paris 2013, Rudman 2006, Walker 2006, Williams et al. 2012). In crude and generalised terms, one might say that the physiological research has highlighted the benefits of a physically active late life and the social gerontological research has critiqued active ageing for not sufficiently considering the frail elderly in policies (Boudiny 2012), for not including typical late life activities such as napping (Venn & Arber 2010) and for marginalising the physically inactive elderly (Ranzijn 2010).

Instead of these social gerontological criticisms of active ageing, I propose that active ageing is a highly ambitious unmaking of old age. The two active ageing formats undermine the way ageing has been formed through the 20th century. Although the aforementioned criticisms may be accurate, I argue that the literature fails to grasp that these shortcomings can be ascribed to the way in which active ageing aspires to unmake old age. Frailty, napping and physical inactivity are, in active ageing policy, regarded as relics of 20th century old age. So far, very little attention has been paid to

the way in which active ageing unmakes old age, and how this unmaking is composed.

I set out to study how active ageing attempts to unmake old age. Ageing appears to be much more malleable today than it was half a century ago. Two contrasting phenomena seem to be emerging at the same time: The challenge of an increasingly ageing population and the burgeoning hope of stopping the decline associated with ageing. It is within this paradox that the EU and WHO active ageing formats have arisen and navigate:

Europe is facing a very rare window of opportunity to respond to the economic challenges associated with population ageing and to improve the quality of life of citizens. (EC 1999:1)

But how can Europe respond to this ‘rare window of opportunity’, how is the window formed, what kind of good late life does this window constitute, what does this kind of good late life renounce, and what does it generate? These are some of the urgent questions that this dissertation tries to answer.

Structure of the dissertation

The dissertation consists of four published articles (part 3) as well as the introductory parts 1 and 2. The articles can, of course, be read separately, but in part 1 and 2 I endeavour to link the articles together and create one shared argument, which bridges the arguments of the individual articles. Hence, parts 1 and 2 do not repeat or summarise the main points of the articles at length. While the article design allows me to synthesise and purify some analytical arguments, it has been a challenge to fit the reviews into the overall argument of the dissertation during the different publication processes. However, reading the articles today, it is clear to me that they are closely related and that they supplement each other. Furthermore, the blinded peer review process has significantly sharpened the arguments in the articles, as well as pointed to deficiencies in my knowledge about existing research, which I have therefore been able to address.

In an article-based dissertation, the researcher can easily become distanced from the findings and the analytical process. However, if I am to take ageing as a matter of concern seriously, I cannot remove myself from the findings or the process. This dissertation is an attempt to produce an ethnological position in the matter of concern. I am part of the negotiation of ageing, not a subject that can study the object as something exterior to and unaltered by me.

Therefore, I structure chapters 2 and 3 around my process throughout the Ph.D. project. In chapter 2, I describe my engagement in a PPIP and how ethnography can contribute to innovation processes. During the innovation process, I shifted the focus of my Ph.D. and I have used ethnology in a different manner than in the user-driven innovation partnership. This brings me to chapter 3, where I use my first annual retreat in CEHA as a point of departure to explore how ageing can be studied as a matter of concern.

The idea of matters of concern has been central to my research practice. In chapter 4, I describe how my research practice has evolved theoretically, methodologically and analytically around ageing as a matter of concern. I explain how I attempted to conceptually unravel active ageing and found not consistency and coherence, but a complex mishmash of different knowledge practices. I have approached the multiplicity of active ageing as multiple solutions to the matter of concern. But, in order to engage in the matter of concern as Latour suggests, I needed a way to open it up empirically. Therefore, I end part 1 by proposing fibres as an analytical tool for the study of matters of concern.

In part 2, I expound this analytical tool by outlining the three different formations that gather the matter of concern. In chapter 5, I examine how knowledge productions have produced forms that constitute specific ways of knowing about ageing. In chapter 6, I demonstrate how policies invest in specific forms and problems produced in the other formations, and how they operationalise these into active ageing formats. In chapter 7, I explore how everyday practices are studied in ethnology, and use this as a stepping-stone to describe how everyday practices produce problems and negotiate the good late life. In chapter 8, I conclude that active ageing constitutes an unmaking of old age, but that this unmaking generates new late life practices.

The structure outlined above means that I have not designated specific chapters to descriptions of theory, method or literature review. Instead, these inevitable aspects of a Ph.D. project are integrated into the description of the research process and the research practice in part 1, wherein I recurrently show how findings have enabled and required me to change method and theory, which again have led to new findings. In chapter 4 I present my research practice and endeavour to expound how method, theory and analysis are interrelated, rather than being separate tools that I as an ethnologist use in different spheres and at different times. However, I present my ethnographic methods in articles C and D, as well as briefly on pages 23-25.

The article design makes some degree of repetition inevitable, since some of the articles draw on the same fieldwork and position themselves in relation to the same bodies of literature. I apologise for this perhaps annoying repetitiveness in some of the introductions to the articles. Journals have their standards and conventional arrangements too. In this regard, a possible source of confusion needs to be clarified in advance: The number of interviews, participant observations and fieldwork sites differs from article to article. This is not due to the vagaries of an absent-minded researcher; rather, it is because article A was written early on in the research process before all of the fieldwork had been conducted, and because article B mainly draws upon the document studies and the expert interview, whereas article C draws upon the document studies and the fieldwork at one of the activity centres, and article D is based on fieldwork at both of the activity centres.

In article A I illustrate, together with ethnologists Julie Bønnelycke and Lene Otto, the role of ethnographers in the PPIP aimed at developing active ageing technologies through user-driven innovation. We show how fieldwork conducted as part of an innovation process imposes a specific practice on the users, and how the ethnographic accounts produced by us were used in the innovation process (Lassen, Bønnelycke & Otto 2014).

Article B is based on a document study of gerontological literature and policy papers, as well as an expert interview with a principal administrator in the EC. Together with Portuguese sociologist Tiago Moreira, I demonstrate that active ageing policies are

based on different forms and ways of producing knowledge about ageing. Common to the different policies is that they unmake old age, and that they espouse the idea that old age is malleable through activity (Lassen & Moreira 2014).

However, the unmaking of old age is in constant negotiation with older peoples' everyday practices. These practices are the focus of articles C and D. In article C, I explore billiards as a culturally specific kind of active ageing activity. While in the 1950s, billiards was depicted as a positive activity in old age due to its social qualities, it does not fit in to contemporary active ageing policies. I argue that billiards can be regarded as a socially and physically healthy activity and that this suggests an alternative version of active ageing (Lassen 2014).

In article D, I present a paradoxical way of handling disease that appears to be prevalent amongst the elderly at the activity centres. They keep their diseases at arm's length in an ambiguous health strategy that allows them to be socially and physically active despite their diseases. Although they do not act on their diseases as they are advised to do, they succeed in staying active precisely because of this negligence (Lassen 2014b).

Part 1: From fact to concern

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2. Beginnings - No Age or new versions of old age

In this chapter, I describe the commission and beginning of this project in order to show how it has developed, and I relate this to how ethnology and cultural gerontology approach old age. I started as a partner in a PPIP, the aim of which was to create more active late lives through technology. As an ethnologist, my role was to produce ethnographic user insights that could lead to the development of new technologies. Active ageing seemed to be instinctively configured as the good old age, and I started to study the assumptions about old age implicit in the PPIP. In this way, active ageing began to interest me. I changed my project from an innovation study to a study of how the technologies we developed were the result of new ideals of the good late life. But let me start from the beginning.

In the autumn of 2010, I handed in my master thesis about everyday life with type 2 diabetes (Lassen 2011, 2010) and applied for a Ph.D. position. In the preceding years, I had studied ethnology related to the field of humanistic health research in study groups, courses and assignments, and had worked for a consultancy specialising in user-driven innovation. As such, the advertised Ph.D. project called *'Health Technologies in Practice'* – affiliated with the CEHA at the Department of Ethnology, the Ph.D. school at the Faculty of Health and Medical Sciences and the PPIP No Age – was the perfect combination of ethnology, health and user-driven innovation.

The aim of No Age was to develop new technologies that would target different aspects of older people's everyday lives. It was divided into three sub-projects. I participated in the sub-project called The Meeting Place, the goal of which was to innovate technologies that would promote physical, mental and social fitness among the elderly (see article A).

My role as ethnologist in No Age was to provide user insights about the everyday lives of the elderly, with a particular focus on activities, technologies and health practices. In the final months of 2010, I was involved in The Meeting Place as a scientific assistant. I participated in workshops and entered into a dialogue with the

organisations and municipalities involved the PPIP. When I started my Ph.D. position on 1st January 2011, this meant that I had to start my ethnographic fieldwork immediately as the project had already started in September 2010 and the ethnographic insights were a bottleneck. The ethnographically produced insights were already overdue, if they were to have a voice in the innovation process.

Often, ethnography brings forth practices and users that do not fit into the pre-defined scope of the innovation process (Petersen & Munk 2013). The constellation of different partners in the PPIP meant that the everyday practices about which we would provide insights had to be problematic practices that could be resolved with specific types of technology. The private partners in The Meeting Place were a medical device business incubator, a fitness centre, a robotics manufacturer and an insurance company. Ideas were sometimes quickly dismissed if they were not of interest to the specific partners of the PPIP. Good ideas were ideas that could be realised through this specific constellation of partners.

The assumption behind using ethnography in user-driven innovation processes is that the ethnographer can unlock prospective users' practices. For example, through observations and interviews, the goal is to bring forth the acknowledged and unacknowledged needs of users in their everyday life with chronic disease, in order to develop new medical technologies (Dinesen et al. 2012). This unlocking has been increasingly utilised during the last decades (Sunderland & Denny 2007) and has gained a market position as a seminal tool in the business world's '*sensemaking*' of human behaviour (Madsbjerg & Rasmussen 2014). Adjustments in the welfare state have reconfigured the coordinates of citizens and users, and this has in turn created a business sector of companies that attempt to understand citizens and users using other methods than conventional focus groups and surveys.

In this regard, scholars have problematised the way in which market research often takes the needs, wants and logics of the users for granted, as this creates an essentialist view of demand and value (e.g. Shove 2007). By studying practice rather than need, ethnography may be able to overcome this essentialist view, but it is constantly at risk of being reduced to just another way of identifying unmet needs since needs, wants and rational choices are often imposed on the user by businesses

and consumption studies (Miller 1995). Often, in user studies targeting older persons, these pre-existing needs tend to become ageist, as they frame needs as being based on decline, immobility and independence (Peine et al. 2014).

Fieldwork at the activity centres

My focus on practice engendered an emphasis on participant observations at the activity centres. While conducting the participant observations, I became acquainted with many of the members at the centres, and I used this as an opportunity to ask them for permission to interview them in order to research their everyday practices at sites other than the activity centre. Eventually, I interviewed 17 members, but in the first round of fieldwork I interviewed 11 members for between one and four hours. Besides the interviews, I also participated in a range of other everyday life situations and events such as winter bathing, birthday parties, grocery shopping, picking up grandchildren and attending dinners with friends and family.



Illustration 1. Wagner's birthday party, June 2012. Picture taken by the author.

The two activity centres that I studied were both located on the outskirts of Copenhagen. One of them was a partner in the PPIP, whereas the other was located in a municipality that was a partner in the PPIP.

The first activity centre that I visited was the partner in the PPIP. Located in an affluent part of the capital area, most users were well off with a high level of education. In the beginning of 2011, there were 1100 weekly users at activity centre 1. This number includes all attendances and not unique users, and many of the users attended several activities during the week. The only staff members at the centre were the daily manager and the employees in the canteen. There were approximately 40 weekly activities that were organised and run by the users themselves, who were all retirees or early retirees from the municipality. The activities ranged from traditional activities for the elderly such as billiards, decoupage, bridge and weaving, to physical activities often associated with younger people, such as Ping Pong, Zumba, fitness and Pilates. I decided to follow a Pilates class, the fitness room, an IT course and a smithy workshop. I chose Pilates and fitness because I wanted to study the physically active late life, the IT course because I wanted to study how the users used IT because of my project's focus on new types of technology, and the smithy workshop because I wanted to study technologies from a different perspective than IT (i.e. technologies as tools used to manually create devices of daily living such as weathercocks, garden gates, spare parts for boats, etc.). I usually participated in the activities and then I would hang around to chitchat afterwards.



Illustration 2. Participant observations at activity centre 1. Picture left: Pilates class, February 2011. Picture right: Smithy workshop, June 2011. Pictures taken by the author.

After I had spent some weeks at activity centre 1, I heard about another activity centre with a different socio-economic profile that was indirectly part of the PPIP. In activity centre 2, I followed The Cordial Club with 110 members who were primarily from working class backgrounds (for a more thorough introduction to this club, see article C). I followed the billiards players, but also participated in playing dices, cards, bingo

and darts. I chose this site for much the same reason as I chose the smithy workshop: I wanted to enrich the innovation process with a different approach to activities and technologies than the one that was predominant in the PPIP. However, the differences between the two centres also became an eye-opener regarding the heterogeneity of older people and their practices.



Illustration 3. Participant observations at activity centre 2. Picture left: Playing billiards, February 2011. Picture right: Playing dices, February 2011. Picture taken by the author.

User studies, ethnology and gerontology: Searching for an approach to old age

In this section, I provide a brief overview of how ageing is researched in user-studies and ethnology, and relate this to my work in No Age. I position myself in relation to the schools of cultural gerontology – a field usually based on ethnography and studying different, often exotic, cultural variants of ageing – and critical gerontology, which engages with the critique of the marginalising and stigmatising aspects of old age and old age policies.

The commission of No Age was to develop technologies for an improved late life. As I show in article A – together with ethnologists Julie Bønnelycke and Lene Otto who were also engaged in No Age – the type of good late life that No Age tried to achieve was a form of active ageing mediated by technology. In this way, the kinds of practices and problems we were looking for had to somehow be solvable with technology. Because I also had to use the ethnography I conducted for my Ph.D. dissertation, I feared that the ethnography would become too narrowly focused on

technology for innovative purposes to be usable in my dissertation work. I partly resolved this dilemma by conducting a second and a third round of fieldwork when No Age had moved on to later stages of the innovation process.

I chose the smithy workshop and activity centre 2 in order to approach technologies in a different way. While this approach provided an alternative version of technologies, these collectives also offered a different account of the good old age. The elderly men at the smithy workshop and activity centre 2 did not focus their activities around health, physical activity or longevity. This prompted me to concentrate on how technologies – those we were to develop as well as those already in use – are not pure objects, but are also materialisations of different policies, and that they contain specific scripts which form the way they are used (Akrich 1992). However, it proved to be difficult to find practices that would fit with the health and activity-focused scripts of in the PPIP⁵. To show this mismatch between the practices of the prospective users and the PPIP's commission, we started to talk about non-users, whom we considered to correspond more closely to the kinds of older people we studied.

Science and technology scholar Sally Wyatt presented the concept of the non-user in relation to the usage of the internet (2003). She argues that non-users should be integrated into design processes in order to understand the reasons behind their non-use. If not, design processes reproduce a standard that takes adaptation to technological innovations to be the norm and frames non-usage as a sign of deficiency on behalf of the technology or the non-user. Consequentially non-users easily become portrayed as having an unmet need for technology solutions, which can be tapped into with the right innovative idea. In the PPIP we argued that non-users had to be taken into account, in order to understand how technologies did or did not fit into existing activities. Because the prototypes in the pipelines configured IT-skilled prospective users, non-users tended to slip through our hands and were neglected in the innovation process.

⁵ Some of the private partners had already developed prototypes before the PPIP started, because the development process is usually longer than the 18 months that the PPIP lasted.

A recent development in user-studies about the elderly is the concept of the innosumer (Peine et al. 2014). The innosumer is a highly advanced user of technological products, and is able to change and innovate on the products after the purchase. While we did not find any innosumers in our fieldwork, the idea of highly advanced older technology users was frequently articulated in the PPIP, and the idea of the innosumer is a testimony of how very different images of older users flourish in user-driven innovation research aimed at the elderly. In the PPIP, the elderly would sometimes be depicted as non-users because they are traditional, passive and scared of new technology, and a moment later they would be depicted as a new generation of elderly that do not fit into stereotypes, lead active lives and use technology in surprising ways. These different images of the older users configured different versions of the good old age.

It was these different versions of the good old age that prompted me to steer the Ph.D. project in a different direction. The PPIP served as a point of entry into the study of ageing, as it allowed different versions of the good old age to emerge. It became apparent to me that the name No Age was misleading. Rather, a new form of active old age seemed to be articulated; one which co-existed with previous versions of old age, despite their differences. Old age was not just one thing; it consisted of different practices and ideas about what the good old age could be. The innovations in the PPIP could be seen as tools with scripts that formed late lives in specific ways; tools that produced the good late life as a healthy, active and long life. In order to understand the PPIP and the technologies we were to develop, I needed to research the policies and knowledge around which active ageing was formed. I regard this link between everyday practices, the material, the ideals of the good life and policies as part of the ethnological gaze.

Ethnology is the study of cultural processes and conducts of life. In ethnology, the concept of culture is deeply rooted in materials (e.g. Damsholt et al. 2009, Stoklund 2003) and is inevitably caught up with the state and governmental institutions (Højrup 1995, Møllgaard 2010). The relationship between the material, politics and culture is central to the way in which ethnologists understand the conducts of life, and is often seen as mutually constituting each other. In this regard, it has been highlighted that ethnology is often engaged in protecting culture (whereby politics is understood to be

a means by which culture is preserved) or that the ethnological practice is in itself political (whereby culture is understood to be a political means) (Damsholt 1999), or that ethnology's political role is the work of negativity: to problematise the logic of the current political discourse and offer conceptual resistance and critique (Højrup 1999). In the PPIP we were asked to engage in the production of new materials. However, because we engaged in the production of these new materials through the invocation of elderly people's everyday practices, our ethnological practice was also implicitly political. We engaged in the crafting of more active everyday practices.

The everyday practices of the elderly have only been sparsely researched in Danish ethnology. The research of Danish ethnologist Anne Leonora Blaakilde has been central to the understanding of cultural aspects of ageing such as language (1999), the chronologisation accompanying industrial society (2004), the life course perspective (2008) and changing family patterns (2011, 2008b). In her newer work, she has included forms of governing in her research by examining what happens when the elderly, who have until recently been a somewhat immobile population group, move across borders and between welfare systems (Blaakilde & Nilsson 2014, Pedersen et al. 2012). Likewise, Danish ethnologist Lene Otto has included governing in her research on preventive home visits as sites of negotiation of active ageing and as a disciplinisation of peoples' gaze and sensitivity (Otto 2013), and how the EU politicises ageing by framing it as a potentially productive period of life (2012). As such, she highlights how old age and ageing are governed and politicised, and that old age is increasingly on the political agenda.

Swedish ethnologists have researched how ageing is a process of change, expressed by how the body appears through the spaces and things that become more difficult to traverse and use in old age (Alftberg 2012), how old age appears in meetings with care personnel and healthcare systems (Idvall 2007, Lundin 2007) and how life after retirement creates specific forms of old age cultures and identities (Nilsson 2011, Ronström 1998). In this way, research about old age in Scandinavian ethnology has, to a large extent, focused on the cultural meanings of old age, and has only fleetingly researched the scientific knowledge and policies involved in the organisation of old age.

Internationally, the field that most closely resembles ethnological ageing research is cultural gerontology or '*ethnogerontology*' (Sokolovsky 2009). In ethnographically enriched and anthropologically inspired research, policies and sciences tend to play only a minor role in the analysis of meanings and perceptions. Perhaps one reason for this is the large number of ethnographies about old age that are conducted in places where sciences and the state play a smaller role than in Western societies. For example, a study on the life course in different global settings suggests that states play a role in the perception of the life course in only a few of the sites (Keith 2009).

However, American anthropologist Sarah Lamb has researched how government institutions have begun to provide care for the elderly in India, as Western models of old-age security enter societies where old age was hitherto provided for by the family or the local community. This results in conflicts about the values and practices embedded in the different models of old-age care, and the differences between societal models and ideals of the good life (Lamb 2013). Another way for the state to appear in cultural gerontology is through migration. British anthropologist Katy Gardner emphasises how elder Bengali immigrants in the UK perceive the state as a form of replacement for the economic family ties between fathers and sons (2002:160). In these examples, the modern welfare states influence old age; either when they are exported to India or when they influence the Bengali diasporas' change in family patterns.

Critical gerontology has been greatly influenced by governmentality analyses of policies, discourses and forms of subjectivation in old age (e.g. Biggs & Powell 2001, Katz 1996, 2000, Katz & Marshall 2004, Moulaert & Biggs 2012, Powell 2011, Powell & Wahidin 2006, Rudman 2006). This perspective often highlights how ageing is discursively formed through a neo-liberal logic that models the ideal retiree as active and healthy. Likewise, critical gerontologists Martha Holstein and Meredith Minkler have investigated how new forms of old age, such as successful ageing, are supported by unarticulated, normative values and assumptions about old age, and they call for resistance against this underlying discrimination (2003). In this way, the construction of old age has been critically examined, but little attention has been paid to how the knowledge productions, the everyday practices and the policies of old age are intrinsically linked.

American anthropologist Sharon Kaufman has used ethnography to shed light on how the material, in the form of medical technology, enables what she calls 'reflexive longevity'. She shows that reflectivity regarding how much time one has left to live in old age is transformed through medical interventions and scientific findings (2010). This link between science and old age was of interest to me because I wanted to explore how technology and late life are entangled. But I also wanted to add policy into the mix. This aspiration eventually led me to science and technology studies (STS), which propose an integrative examination of the productions and configurations of science and technology (Hackett 2008). As such, STS highlights the role of the material and the technological in the formation of different practices. This provided me with a way to approach the knowledge, practices and policies of old age as entangled, integrative practices.

However, very little STS research has been produced regarding ageing, and much of the STS literature on aging focuses more on how older users are configured in products and innovation studies (e.g. Neven 2010, Oudshoorn 2012, Peine et al. 2014) than on how ageing has been configured through policies, technologies, sciences and everyday practices. One exception is the Portuguese sociologist Tiago Moreira, who resided as a guest scholar at CEHA for three months, one year into my project. His work with historian Paolo Palladino on how ageing has been debated between bio-medicine and bio-gerontology, and how this has affected understandings of ageing (2009, 2008), provided the kind of close examination of the formation of ageing that I had been seeking. I was fortunate enough to enter into a collaboration with him, which I describe in chapter 4.

In this chapter, I have shown how I moved from using ethnography within the No Age project to finding a way of studying the assumptions behind old age in No Age. This prompted me to use ethnology in a different way than that which I had originally intended, as I became interested in different versions of the good old age and how policies, practices and technologies form ageing. Furthermore, this prompted me to study how active ageing has been formed as a central component in the good late life, and to widen my concept of technologies as devices to technologies as materialisations of specific policies and practices. It was through this concept of

technology that different versions of the good old age became apparent to me. It also became apparent that active ageing ideals and policies can be seen as condensations of the way ageing has transformed in the latter half of the 20th century, which I describe in the following chapter.

3. Ageing from a matter of fact to a matter of concern

In this chapter, I position ageing as a matter of concern and describe how I came to approach it in this way. I start by showing how the stability of ageing has been brought into question, and how I first encountered the disputability of the ageing process in CEHA. I then explain Latour's intent with matters of concern. I end the chapter with a historical account of old age in the Danish welfare state, in order to show how it can be seen as something constructed, which can therefore potentially be unmade.

Ageing is not a matter of fact. In 1939, when American pragmatist John Dewey (1859-1952) wrote the introduction to *'The Problems of Aging'*, which was later termed the first textbook of ageing, he highlighted the interdisciplinary character of the contributions in the book. He saw the study of ageing as an opportunity to bridge different types of knowledge and to link philosophy and science in a common quest to understand and improve the human process of growth (Cowdry 1939 in Katz 2009:79). As such, throughout the history of gerontology, ageing has been more than just a biological fact, and gerontology has positioned itself as an interdisciplinary science. This interdisciplinary field has generally been based on an understanding of the life course as a curve: from birth, to peak, to decline.

To some extent, this curve is framed by the biological ageing process, but a rather similar life trajectory can be found in pictures and illustrations of the life course dating back to the 18th century (Thane 2005). As such, the curve is integral to the way the life course has been understood for centuries. Indeed, one of the classic images of the life course portrays it as a stairway, upon which the individual peaks during middle age and declines from then on (see illustration 4). As early as 1922, one of the founders of American psychology, Granville Stanley Hall (1844-1924), wrote about a similar ageing trajectory, in his book *'Senescence'* (1922:VII). In this way, the process of ageing has followed a similar curve in the biological sciences, the popular imageries and the social sciences: the biological and the social are entangled in the ageing trajectory.



Illustration 4. 'Life and age of man' by Currier and Ives, app. 1848. From Thane 2005:260

The entangled understandings of ageing throughout the 18th, 19th and until the latter part of the 20th centuries depicted decline as a rather naturalised and stable process. With bio-gerontological theories such as the rate-of-living-theory, the ageing body was seen as instrumentally, consistently and naturally declining based on the amount of energy-expenditure (Pearl 1928), and with social gerontological theories such as the disengagement theory, the individual was considered to naturally disengage from social- and work-life (Cumming & Henry 1960). Ageing and decline were matters of fact, and the best strategy for the individual and society to cope with these facts was to adjust expectations towards life and arrange societal institutions (e.g. nursing homes, public pensions, old age care) that could care for the declining individuals. But this stability and naturalness was brought into question in the latter half of the 20th century by the continuing increase in life expectancy (Olshansky & Ault 1986); medical and epidemiological findings, which point to the attributes of a healthy lifestyle (Kalache & Kickbusch 1997); social gerontological ideas of dependency in old age as being caused by societal structures (Townsend 1981); and later by the new ways in which the long-living elderly lead their lives in old age (e.g. Blaakilde & Nilsson 2014, Czaja & Lee 2007, Kolland 2007); and the de-standardisation of

chronological age and the proliferation of ageing measurements (Moreira working paper). Such factors and findings pose the question: Might ageing be more malleable than we thought?

Unaware of this de-stabilisation and de-naturalisation of the process of ageing and decline, I started my ethnographic fieldwork at two activity centres. While the ways in which ageing and the elderly were depicted in the PPIP quickly became a topic of interest for me, so too did the ways in which the different scientists at CEHA conceptualised ageing and the elderly.

The hunt for the elixir of life and the matter of concern

In May 2011, four months after my enrolment as a Ph.D. fellow, I attended my first CEHA annual retreat. Based on my first months of fieldwork, I presented an overview of my project, stressing the ways in which ethnography could bring forth important *'notions and nuances'* of everyday life that could easily be overseen in both innovation and scientific work. The point was to illustrate that often, the elderly did not fit into the various stereotypes associated with them, and that their practices frequently provided nuances to the stereotypes. Looking back at this rather banal point, what strikes me the most is the positive feedback it received from the scientists from other disciplines – they recognised the importance of everyday life as well as the difficulties they experienced when it came to including it in their studies.

I wish I could say that I experienced similar revelations following to the presentations from the other research programs that day. Instead, they left me feeling rather unsure about their different conceptualisations of ageing. Epidemiology, physiology and neurology were completely unknown disciplines to me. To put it bluntly, I did not understand most of what they were talking about. I could follow the process through which they crafted a problem, but at some point during the presentation they would begin to go into specifics, leaving me lost. What I got out of the different presentations was that to the epidemiologists, ageing seemed to be some kind of hidden process, and good research was that which tried to deduce how this process appeared through behaviours and decline. To the physiologists, healthy ageing

seemed largely to correlate with strong muscles, and good research was that which could induce a healthy ageing process by measuring muscle strength in clinical trials. To the neurologists, ageing was a process located deep within the smallest possible parts of the individual body, and good research was that which could map the ageing process in either (mice) brains or chromosomes, and eventually prevent or postpone this process through medicalisation. The sum total of the ideas expressed by these scientists positioned ageing as a multiple fact hidden in different parts of the body.

Following the presentations, there was a thematic treasure hunt called '*The Hunt for the Elixir of Life*', which was organised around 'ageing-related problems', i.e. small performances of ageing in everyday situations performed by the scientists, such as smoking steel-workers going for their annual health check, a frustrated old man trying to play chess and conflicts at a nursing home⁶. This treasure hunt detached the scientific, factual depictions of age from models and graphs, and inserted them into staged everyday-life situations. The different disciplines and their conceptualisations of ageing had each taken ageing to be a matter of fact. But through the treasure hunt, ageing became more than a multiplicity of bodily facts. Via the small performances, different enactments of ageing became visible; perhaps ageing was more than just a bodily process. And maybe it was also more than just everyday situations.

The treasure hunt transformed ageing from a matter of multiple facts to a matter of concern by providing the facts with a scenography (Latour 2008:39) and disputes (Latour 2005:87-120), and this required the researchers to engage in the concern and approach it as more than a biological fact. Furthermore, the concern is deeply rooted in biology – not exterior to it. Ageing also appears as a factual biological process through medical consultations or a sudden inability to play chess – through gatherings of situations, practices, conducts of life, medical equipment, technologies, healthcare systems, chess and smoking traditions. However, it appears as a biological process that is disputed, meets resistance and calls for engagement on the part of those affected by it as well as those researching it. It might be a fact that it is unhealthy (whatever that means) for the steelworker to smoke. It might also be a fact that the old man playing chess suffers from dementia. But these facts are also concerns because

⁶ <http://healthyaging.ku.dk/archive/newsarchive/2011news/ceha-retreat/>. Accessed 7th May 2014.

they become disputed and negotiated through medical consultations, technologies, chess and smoking traditions, and because they relate corporeal facts to common situations that require engagement if they are to be solved.

A matter of concern is a gathered thing. But sometimes this thing takes the form of an object that can be dissected and analysed, as in the case of the physiological study of muscles in CEHA. Latour uses the example of the demise of the space shuttle Columbia in February 2003 to describe the link between the object and the thing (Latour 2004). The little-debated object Columbia suddenly became a thing – in the understanding of the thing as gathering or an assembly as described by Heidegger (1971) – when it entered the atmosphere and disintegrated, leading to the deaths of the seven crew members. The object ‘out there’ in space transformed into a gathering as thousands of people engaged in collecting the fragments that were spread out across Louisiana and Texas, in order to preserve as many clues as possible. *‘Here, suddenly, in a stroke, an object had become a thing, a matter of fact was considered as a matter of great concern’* (Latour 2004:235).

Matters of fact also appear through matters of concern. As in the CEHA treasure hunt described above, when facts are gathered and staged in everyday situations such as health checks, ageing also appears as a factual biological process. In this way, matters of fact also emerge out of matters of concern, and the smallest objects and facts are also complex, gathered, collective makeups (Latour 2005:112). Ageing is a matter of concern due to the disputes, engagement and intense scrutiny it is under from a range of disciplines, governing bodies, organisations and laymen that endeavour to fiddle with, change or reorganise ageing processes, ageing populations, decline, pension systems, etc.

In this endeavour, active ageing is operationalised as an unmaking of old age. With active ageing, the factual biological process and the social organisation of old age can be altered through activity. The ideal of an active late life unmakes many of the factual and cultural connotations that make up old age. But through this unmaking, new forms of ageing are generated, and old age also appears to be more solid and inflexible than before. In this way, a duality emerges – both a making and an unmaking of old age. Let me exemplify:

When the annual budget for 2014 was negotiated by the Danish coalition government in the autumn of 2013, they reached a deal by allocating one billion Danish Kroner (approx. 135 million Euro) to care for the elderly in the Danish municipalities. When the money was released to the municipalities in early 2014, the biggest Danish organisation for the elderly, Dane Age⁷, raised the criticism that only 13% of the money was allocated to personal care. In the Ministry of Children, Gender Equality, Integration and Social Affairs, officials insisted that the correct figure was 37%, as initiatives related to health promotion and prevention should also be considered personal care⁸. While this argument may seem like a poor excuse for withholding personal care from the frailest elderly, it is in line with active ageing ideals, which emphasise the importance of facilitating more independence and participation in society. This is not primarily articulated or intended as a way to save money, but rather as a way to increase the quality of life of the elderly; something that cannot be achieved by providing pacifying personal care.

Thus, on the one hand, the argument is that the elderly are best helped if their dependence is unmade through health promotion and prevention. In this way, they will not decline to the extent that they need personal care. On the other hand, old age is consolidated when the elderly are deprived of what could easily be considered a welfare right. When frail elderly are left to take care of their own personal hygiene, the inability, passivity and decline that can come with old age appear to be more solid than before. In this regard, the matter of concern contains a duality: Old age is both destabilised and reaffirmed when the foundations of old age are debated.

To summarise, the way ageing is studied in CEHA eventually led me to approach it as a matter of concern, gathered by myriad facts, technologies and practices. Active ageing attempts to unmake this concern and simultaneously reinforces it. But if we talk about the unmaking of old age, it must, then, first be something that is made. In the following section, I illustrate this historical making of old age using the case of the Danish welfare state.

⁷ Called 'Ældresagen' in Danish with approx. 650.000 members. <http://www.aeldresagen.dk>

⁸ <http://politiken.dk/indland/ECE2226543/ministerium-om-aeldremilliard-37-procent-gaar-til-pleje-og-rengoering/>. Accessed 7th May 2014.

The making of old age in Denmark: A new period of life arises

Stating that old age is made does not suggest that a conjuror is sitting behind the scenes, creating old age. Rather, when I state that old age can be made and unmade, I propose that different forms of knowledge, institutions, conditions, practices and technologies make old age as a disputed and gathered thing. It is conditioned and formed through the various ways of engaging with it, and when these conditions, forms and engagements change, so too does old age. In chapter 4, I show how social gerontology has taken part in the formation of old age, and in chapter 5 I argue that different forms of scientific knowledge have both constructed and destabilised old age. In this section, I focus on how old age was made in Denmark during the past two centuries via changes in the welfare institutions.

Suggesting that old age is made does not suggest that people did not get old in other time periods, or that old age was not previously an object of engagement and scrutiny. People have grown old throughout history, albeit in much smaller numbers than today. But what do we mean when we talk about old age?

If old age is a number, then this number has changed over time. Whereas 60 years of age was very old only a 100 years ago, popular literature on the subject today claims that '*The 60s Are The New 40s; The 80s Are The New 60s*' (Hansen 2006:2) and many people expect to live for a long time after they have reached 60. However, in relation to hard physical labour, 60 years of age is still regarded as old. In the Danish 'Facebook for the elderly' called AgeForce⁹, members are accepted into the online community at 50 years of age. In Denmark, men can play veteran football at the age of 40 while women can play at the age of 36. Some draw the line at retirement age, while others draw it later. There is no consensus about when old age begins, and different situations call for different demarcations of old age.

The industrial society chronologised the life course and inserted set life phases (Blaakilde 2004), and the modern welfare state linked old age to the onset of retirement and pensions. The first pensions date back to the late 19th century, but few

⁹ www.ageforce.dk. Accessed 11th May 2014

people reached the required 60 or 65 years of age and fulfilled the conditions to receive them (Gilleard & Higgs 2005). The elderly were a small population group.

In the Scandinavian countries, there was an '*aftægtordning*' for old freeholders ('selvejere') and copyholders ('fæstebønder') as early as the 17th century. This was a contractual relation between an old couple and a younger couple (often the old couple's son and his wife), which enabled the old couple to remain in their house on certain conditions, while the young couple assumed the rights associated with running the household (Blaakilde 2010). People did not commence '*aftægt*' at a specific age (the chronologisation of the life course had not yet occurred), but when they had troubles running the household or it was due time for the son to have his own family. The *aftægt* served as part or all of the payment for the transfer of property rights, and included provision for the old couple and a proper funeral (Blangstrup 1915:288). The conditions of the contract usually entailed the old people continuing to work for as long as possible, and, as such, the non-productive old age was not common in this period. Often, the contract served more as a guarantee than as a plan that had to be followed in detail (Löfgren 1974:70). Smallholders ('husmænd') and craftsmen did not have the right to *aftægt* and usually occupied poorhouses. In the beginning of the 20th century, life expectancy increased and private pensions emerged in many European countries (Thane 2005).

With the old age provision ('alderdomsforsørgelse') that was introduced in 1891, the Danish model was remarkable because it relied on taxes on beer rather than private insurance. The right to receive the provision depended on three criteria: age (60), need (not self-inflicted) and dignity, which meant that the recipient should not have received poor-man's assistance or committed dishonourable acts during the preceding ten year period (Petersen 1985). Thus, it was an aim was to differentiate old age provision from the stigmatised system of poor relief (Jørgensen 1969:89). Old age was becoming a distinct part of life. Old age provision also involved the creation of old age homes, as opposed to poorhouses, which had hitherto housed many older persons who lacked *aftægt*. However, in many cases, the new old-age homes were simply a separate section of the poorhouses, and it proved to be difficult to eliminate the stigmatisation associated with receiving help from the state and the municipality. Especially in the countryside, the *aftægtsordning* continued throughout the first half

of the 20th century, but an increasing percentage of old people moved into old-age homes as these were modernised in many cities and began to be separated from the poorhouses (Wingender 1994).

In 1922, the age at which people could receive provision was raised to 65. The rates increased and were decided by the state. Hitherto, funding for this provision had been divided between the municipality and the state. Now it was purely a state affair, which also meant that the municipal assessment began to be undertaken by the state. The age criteria was once again lowered to 60 in 1937, albeit with a reduced rate, in order to provide for the increasing amount of long-term unemployed and single women (Poulsen 2002:325). Thus, the pension age moved back and forth between 60 and 65, but in the first half of the 20th century only a small percentage of people reached this age and fulfilled the criteria. It was not until the model of the social welfare state gained ground in the middle of the century that retirement pensions became a universal right. With the introduction of the state pension in 1956, financial provision in old age became a universal right rather than being based on need (Rasmussen 2002).

While Denmark was remarkable for having early tax-funded provision for older people, the development of provision for older people during the 20th century is characteristic of Western welfare states. Until recently, the retirement age in Denmark had remained rather stable for 120 years, whereas life expectancy had increased significantly. In the same period, provision for older people became a public duty and many older people began to use the welfare institutions catering for the elderly. These two factors – the significant increase in life expectancy and the universal right to a pension – eventually exerted a pincer-like pressure on the economic sustainability of welfare states in the late 20th and early 21st centuries, leading to a range of different concerns associated with ageing.

In this chapter, I have described the way I entered into ageing research at CEHA, and how this led me to study ageing as a matter of concern. Moreover, I have given a historical account of the way old age was formed in Denmark, in order to demonstrate how it can be considered to be a thing that is made within the welfare state. I have opted for an approach to ageing that does not perceive specific facts or everyday

practices as the cradle, or primary site, for ageing, but rather researches ageing as a disputed and gathered matter of concern.

So, with this I have outlined the actors in the matter of concern: the different sciences and knowledge practices; the welfare institutions and the ageing policies; and the elderly engaged in everyday practices. This is the point at which I partly diverge from the narrative thread I have woven through chapters 2 and 3 to describe my process. I have guided you through my process from No Age in the PPIP, to the different versions of old age in ethnology and cultural ageing research, to the different sciences engaged in ageing in CEHA, to the performances of ageing positioning ageing as a matter of concern, and finally to the role of welfare institutions in the make-up of old age. But how should one study ageing as a matter of concern, and how do the different practices interweave? In the following chapter, I show how I have engaged with ageing as a matter of concern by describing my research practice, and how I approached ageing and active ageing theoretically, methodologically and analytically. But I also describe how this research practice has changed during the project, and hence, I do not leave behind my process entirely.

4. Researching active ageing and a tool to study matters of concern



Illustration 5. Fibres – here illustrated by hemp fibres – are networks of tiny, strong threads that hold together a matter of concern, of which they themselves are a part. Picture from www.ganja.bligoo.com

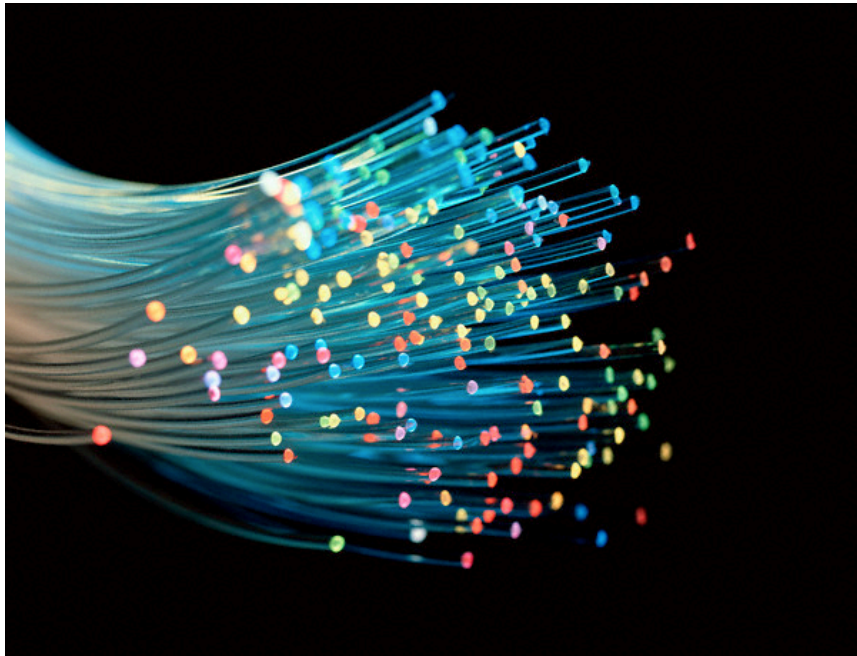


Illustration 6. Fibres – here illustrated by fibre optic cables – are threads through which different impulses travel, and which light up or dim down and appear more or less visible depending on their importance for the matter of concern. Picture from www.freshtechweb.com



Illustration 7. Fibres – here illustrated by dietary fibres – consist of myriad small fibres, but together they are massive and form the solid part of the meal. Picture from www.tlcdiet.org

In this chapter, I illustrate how I came to study ageing as a matter of concern and active ageing as its unmaking, by describing my research practice and showing how the theory, method and analysis mutually condition each other¹⁰. I started out by attempting to conceptually unravel the concept of activity in ageing research over time, in order to illustrate the makeup of this potent concept. This analysis enabled me to grasp the way active ageing has been formed as multiple, through knowledge productions and policies. With this approach I emphasise the ontological differences of active ageing policies. But while this allowed me to focus on the complexity and diversity of epistemes in active ageing policies, I wanted to engage in this multiplicity and explore what active ageing policies try to solve: that the multiple policies position ageing as a key problem in contemporary societies. They are multiple solutions to ageing as a matter of concern.

As I described in the previous chapter, a matter of concern is disputed, gathered and engaged with. Engagement is also required on the part of those studying the matter of concern; they must engage in the composition and collection of a common world

¹⁰ As I mentioned in the introduction, my ethnographic method is explained in articles C and D. Here, method refers to how I have studied active ageing through policy documents and gerontological literature, and how this has changed according to the findings and the theories I have used.

(2005:118). However, how to study a matter of concern remains rather unclear in Latour's texts on the subject, although he provides a list of recommendations: (1) looking at facts as fabricated and (2) also studying concerns outside of the laboratory in daily life. However, he points out that (3) questions of ontology are most accessible in scientific practices and (4) that controversies over 'natural things' provide cases in which to study concerns (2005:118-119). Latour continues by suggesting that the way to write a good account of matters of concern is to trace a network of mediators (2005:128) and to describe practices rather than explanations (2005:141-156). While these recommendations for writing include suggestions about where to find concerns and how to articulate them, they provide little help regarding how to compose and engage in matters of concern. If I am to engage with ageing as a composed and gathered matter of concern, the question of how is it held together remains. I needed a metaphor to think with, in order to concretise the matter of concern in an empirical analysis.

I have resolved this by using the metaphor of fibres as a tool that steers my analysis: how the interweaving of the smallest fibres – such as everyday routines, activities, bodily decline, retirement programs, models, political networks, conferences, bills – holds the matter of concern together (like the hemp fibres in illustration 5).

The fibres are interwoven and condensed into more solid and robust formations – in this case knowledge productions, everyday practices and policies. These entangled formations hold ageing together and, at different times, light up or dim down like fibre-optic cables, according to how important they appear in the matter of concern (see illustration 6). But together they make the matter of concern massive and solid, like dietary fibres, which constitute the solid part of a meal (see illustration 7), but consist of myriad small fibres. As James Clifford has argued, continuously using a metaphor creates an allegory, and this lies at the heart of (ethnographic) writing: it creates common worlds between the writer and the reader and highlights '*narratives (...) implicitly or explicitly at work. Is the redemptive structure of salvage-textualization being replaced? By what new allegories? Of conflict? Of emergence? Of syncretism?*' (Clifford 1986:121). I hope that the fibre metaphor helps to actively narrate ageing as a matter of concern, replace its matter-of-fact-ness and invoke its entangledness, disputability and complexity.

Looking for active ageing in activity theory

I started to unravel the concept of active ageing by looking for how the concept of activity had changed in social gerontology since the middle of the 20th century when old age became institutionalised and singled out as a distinct life phase. As social gerontologist Stephen Katz points out, activity has been a core discourse in gerontology ever since the primarily American 1950s activity theory, and survives this theory due its ability to '*frame the relationships between the experts and the elderly because of what it connotes: positive healthy independent lives.*' (Katz 2000:139). As such, it seems that there was a conceptual connection between activity theory and active ageing. Both are coordinated around activity, and both relate activity to 'positive, healthy, independent lives'. Is active ageing merely a rearticulation of a 1950s social gerontological theory? And if so, could the same criticisms that were raised against the individualising consequences of activity theory also be raised against active ageing?

I had trouble finding policy documents that were explicit about their inspiration from activity theory, although some scholars linked the two (e.g. Boudiny & Mortelmans 2011). Likewise, when I looked into the concept of activity in activity theory, it diverged significantly from the concept of activity in active ageing. The only link between the two seemed to be the emphasis on the term 'activity', but the meaning of that term had changed. In activity theory, activity meant primarily social activities (e.g. Pollak 1948), whereas in the 2000s active ageing policies, activity means primarily physical activity (e.g. WHO 1998) and activity connected to the labour market (e.g. EC 1999, 1999b, Zaidi et al. 2012). The link between activity theory and active ageing is tenuous. However, the research into the history of activity in gerontology eventually proved to be important for my engagement with active ageing, and I therefore briefly describe it in this section.

In activity theory, social activities were considered to be the key to a good old age (e.g. Havighurst 1954). The period of life after retirement was virgin territory for researchers. In the 1950s compulsory retirement was becoming established as a social institution, and the role of social gerontology was to examine what happened to the old individual when s/he was set free from the restraints and commitments of work

and family (Neugarten & Havighurst 1969). Social gerontology was heavily inspired by functionalism (c.f. Katz 1996, Powell 2011b), which was evident in the interest in the function of the old individual, whose possibilities for leading a satisfactory life in old age depended on the ability to adjust – this was termed '*role flexibility*'. The wellbeing of the old person was a matter of adjusting to his/her new inferior status and the function s/he was given (Cavan et al. 1949). Quantitative social gerontological studies established a correlation between adjustment, satisfaction and activity (e.g. Havighurst 1954). Activity was thereby established as central to a good old age.

But this concept of activity referred mainly to the '*social role activity*'. The role of provider, worker and middle-aged individual changed into the role of grandparent and housekeeper (Havighurst 1954). Because leisure time activities in middle age were deemed to be solitary (e.g. reading, gardening, stamp collecting), the retiree needed to engage in new activities to compensate for the lack of social life, which had been left behind at the workplace, the primary location for social life and friendships (e.g. Havighurst 1954). Physical activities were rarely mentioned in the gerontological literature of the 1950s (see also article C).

In the 1960s, activity theory was deemed too individualistic and idealistic, as it did not take into account the societal and biological constraints of the ageing process. Disengagement theory challenged the idea that an active old age was the way to achieve a successful ageing process, and saw disengagement with society and social life as a natural and intrinsic part of growing old. To age well was to accept this disengagement. This was beneficial to the individual as well as society, since it would prevent the individual from pointlessly fighting a natural process, and would leave space for younger and more able forces in society (Cumming and Henry 1961). Although disengagement theory was widely criticised (and also quickly abandoned by the authors themselves), it still stands as a prominent theory in social gerontology due to its emphasis on the acceptance of decline, and the ways in which this could be used to facilitate and rationalise mandatory retirement (Katz 1996).

The focus on activity persisted in gerontology and continued to surface in various forms during the subsequent decades. In sports medicine and physiology in the 1960s and 1970s, physical activity was beginning to be considered healthy for the old (e.g. Schnoor 1968) – whereas it was hitherto deemed harmful and risky – and physical activity has since been increasingly valued for its benefits for a healthy ageing process (e.g. Fries 2013, Rowe & Kahn 1987, Spirduso and Macrae 1990, WHO 1996, 1998). Moreover, qualifications of the ageing process such as '*productive ageing*' (Bass, Caro & Chen 1993) and '*successful ageing*' (Rowe & Kahn 1987) repositioned activity as being key to a good ageing process. I describe these currents in more detail in the next section, but what is important here is the way in which the ideal of activity for the elderly changes from social in the middle of the century to productive and physical by the 1980s. A transformation had occurred with the concept of activity, and I could not find a direct link between the differing concepts of activity.

Like others before me, I had established that activity was important for the discipline of social gerontology (e.g. Katz 2000, Knapp 1977, Lynott & Lynott 1996), but that which appeared to be new in my work was the idea that there was no direct link between activity theory and active ageing. I was touching on new ground, and was confused about the make-up of active ageing and how it related to my ethnographic fieldwork. I had observed how the members of activity centre 2 seemed to practice the good late life differently than how it was espoused by active ageing policies; a practice which contrasted the ideal of remaining physically active and healthy (see article C for a thorough account of this difference). When reading social gerontology from the middle of the 20th century, the ideal old age depicted there reminded me of The Cordial Club at activity centre 2. Something did not add up. Was The Cordial Club a form of working class relic from the 20th century industrial society, a sign of resistance or negotiation of active ageing, an alternative form of active ageing, or just something completely unrelated to active ageing? There seemed to be a mishmash of different times, concepts and practices at stake here, and no direct line from activity theory to active ageing. Instead of focusing on the discursive connection between activity theory and active ageing, I started to look at the specific knowledge arrangements in the active ageing policies.

Active ageing as multiple formats

As part of my research, I visited Fritz von Nordheim, a principal administrator in the EC and one of the craftsmen of the EU active ageing policies, in March 2013. Since he took this position in 1998, he has been one of the key spokespersons for active ageing in the EU, with several publications on the subject (2000, 2005). During the day I spent at his office in the director-generalate of Employment, Social Affairs and Inclusion, I conducted a fragmented expert interview and read through a pile of policy documents, posters, speeches, etc. while he went from meeting to meeting. Both the interview and the reading gave me the impression that active ageing was a pension and employment reform, which required a reorganisation of society and a shift in expectations towards old age. The ageing population was a challenge that could be solved through reforms, but these reforms needed to be supported by cultural change. Physical activity was almost absent in Nordheim's account of active ageing, and he explained this as the difference between the EU and the WHO: The WHO positions active ageing as a life phase ideal, whereas the EU positions active ageing as a pension reform.

With a growing pile of policy documents under my arm, I went to Durham University to study with Tiago Moreira at the School of Applied Social Sciences. As an STS-scholar specialising in ageing, Moreira was the ideal supervisor for this part of the process. We spent days looking through policy documents about active ageing, searching for their scholarly inspirations. Making use of Moreira's extensive knowledge about ageing research, we started to get an idea of how active ageing was composed.

The WHO 1999 policy paper '*Ageing – Exploding the myths*' quickly became central to our research. This paper served as an eye-opener with regards to how active ageing was a composition of myriad different ageing theories, from the social gerontological, epidemiological, bio-gerontological, geriatric and demographic disciplines. Active ageing operationalised the different disciplines and configured them to produce one common statement: activity could rejuvenate, and postpone or prevent old age. The 1999 policy paper emphasised the benefits of a physically active life, and active ageing was positioned as a strategy for lifestyle interventions. The life phase ideal that

Nordheim mentioned when describing the WHO active ageing policies became apparent. So too did the differences between the active ageing policies.

As Moreira has previously argued, knowledge practices are multiple and non-coherent (Moreira & Palladino 2005, 2008, 2009). Rather than looking for the link between active ageing and activity theory, we foregrounded knowledge-making in our analysis, in an attempt to capture the diversity of active ageing and the different knowledge arrangements in the policies. Inspired by STS-scholars John Law and Annemarie Mol (e.g. 2002), we endeavoured to capture the complexity and multiplicity of our object of inquiry instead of looking at active ageing as a coherent concept. The multiplicity approach focuses on differences in practice, and sees these differences as performances of multiple realities. We started to trace the differences in the active ageing makeups and focused on the EU and the WHO active ageing policies as two different, but at the same time interrelated, formats. Here, a format is a set of knowledge arrangements and everyday life problems that are invested in by policies and operationalised into policy packages with a specific intent in the world: to unmake old age.

In the latter half of the 20th century, the positive ageing process was qualified in different ways. Of these, the aforementioned successful ageing and productive ageing seemed to be most closely related to the formats of active ageing that we were disentangling. In a seminal paper, medical doctor John Rowe and social psychologist Robert Kahn brought together physiological, biological, social and psychological insights, in order to shed light on the various factors that distinguish a usual ageing process from a successful one (1987). Their work on successful ageing had a huge impact on understandings of the positive ageing process, but it has been deemed overly idealistic as it proposes a positive ageing process that, for the most part, is only accessible to the few and the affluent (which was also problematised by the authors themselves), which normatively favours a specific form of human enhancement (Bülow 2013), and which is culturally biased (Lamb 2014). Successful ageing considers extrinsic factors, especially lifestyle, to be components in the decline that often comes with old age. This insight paves the road for a rearticulation of old age: decline is not the result of a natural ageing process, but can be reversed if the conduct of life is changed.

While the WHO format to some extent resembles successful ageing, the EU format resembles productive ageing. As with successful ageing, productive ageing attempts to undo the limiting effects of chronological age, and points to the need for something other than leisure and family activities in late life. However, whereas successful ageing was based on insights gathered from a range of scientific disciplines, productive ageing claimed to be a form of advocacy on behalf of the elderly who felt marginalised by mandatory retirement policies (Bass, Caro & Chen 1993). While the retirement policies are also at the core of EU active ageing policies, the EU positions pension reforms as part of a more comprehensive reorganisation of the life course and ingrained cultural expectations, whereas productive ageing limits itself to the project of extending productive activities into old age (Walker 2002). In this regard, the EU active ageing format addresses more aspects of life than mere productivity, and attempts to produce a late life that is better integrated with other stages of life on all levels, and not only regarding work productivity.

Furthermore, the active ageing formats differed from their apparent predecessors because they were developed within policy institutions, and because they were very explicit about wanting to change *'the practical, societal reality of the ageing process'* (Stenner et al. 2011:468). Unlike successful ageing and productive ageing, active ageing was not conceptualised within academia, but rather emerged within the policy apparatuses of the EU and the WHO. Thus, in order to grasp how the knowledge practices that form active ageing were associated, we needed to look at the backgrounds and networks of the policy makers, and search for possible links to academia in this way.

Drawing upon our analysis of policy documents, we suggested that the differences between the formats of active ageing are that while the EU format is supported by forms of knowledge that place ageing within a socio-economic episteme, the WHO format is supported by forms of knowledge that articulate ageing as belonging to an episteme of functional ability. They produce distinct ideals of the good late life. Whereas the WHO format attempts to extend life further, the EU format tries to integrate the already long life into societal structures. Whereas the WHO format configures the entire life course as a possible site for lifestyle interventions, the EU format starts out with a focus on retirement patterns. Whereas the WHO format points

to health and lifestyle as forms of intervention, the EU format points to pension and employment reforms and age management as intervention techniques. Whereas the WHO format argues for individual lifestyle changes supported by various public institutions, the EU format restructures public institutions in order to produce cultural change (see article B).

But the formats are also deeply related, and, as Mol states in the case of multiple performed realities in medicine, '*to separate them out as if they were a plurality of options is to skip over the complex interconnections between them*' (Mol 1999:86). The formats are engaged in the unmaking of old age, by pointing to the malleability of ageing and the potentials for changing old age that this malleability entails. And they are engaged in the organisation of a society that rewrites the expectations towards the life course and does not stigmatise the elderly. But they do so on different levels and through different measures. As such, active ageing is multiple because the formats are both similar and different. The formats are both very specific in their outlining of the good late life, and very general in the way they rearticulate the potentials for a better, more active, healthier, participating and independent late life. While the content of some of these normative qualifications of a good late life might differ between the two formats (as I have shown with their differing concepts of activity), they engage in the same discursive rearticulation of the frail old age.

Also, the formats rely on some of the same, as well as some very different, classifications (Bowker & Star 1999), '*investments in form*' (Thevenot 1984) and '*human kinds*' (Hacking 1995). I will explain these concepts in more detail in part 2, but here it is important to state that, for example, the classification of the ageing process as malleable, the heavy investment in the concept of activity and the specific active elderly human kind bridge the differences in the active ageing formats. They use some of the same discursive arrangements to unmake old age, and are often indistinctively deployed in local municipal initiatives. For example, is it difficult to distinguish whether the EU or the WHO format is deployed in municipal initiatives promoting volunteer work among retirees, as both formats promote participation in society as an aspect of a good old age. As such, the formats are more than one but less than many.

This approach is epistemologically different from previous sociological work on active ageing. Belgian sociologists Kim Boudiny and Dimitri Mortelmans describe how there are several ways to define active ageing, and aim to '*clear[ing] the path towards consensus regarding what exactly constitutes active ageing*' (Boudiny & Mortelmans 2011:8). The problem they research is a problem of definition – whether to opt for a narrow or a broad definition in order to make the most efficient policy tool (Boudiny 2012). The object we research is not a question of mere definition; it is one of different ageing ontologies. There is not one 'active ageing' that can be defined by clearing paths and creating consensus, but rather that it is two different but interlocking formats formed through different knowledge practices. Our analysis of the backgrounds and networks of the policy makers shows that these formats can be linked back to two different ageing theories from the 1980s, both of which destabilise ageing in their own way: structured dependency (Townsend 1981) and compressed morbidity (Fries 1980). These knowledge practices craft ageing differently and produce different effects (see article B for an elaboration of this argument).

To summarise: with the help of Moreira, I had established active ageing as multiple. This was a departure from previous research on the subject, and enabled us to research the specificities of the active ageing formats. My research into mid-century gerontology and the insights about the shifting ideals of activity had provided me with knowledge about how old age had previously been researched and how it was embedded in the welfare state. Coupling the different approaches to ageing in CEHA, my ethnographic fieldwork, the multiplicity of active ageing and my knowledge about the crafting of old age in the 20th century enabled me to position ageing as a matter of concern, and the active ageing formats as solutions to this concern. This approach entails the researcher more directly and explicitly engaging in the concern, instead of relying on the possible changes to which the articulation of multiple ontologies could lead.

Ageing as a matter of concern – multiplicity and compositionism

The multiplicity approach is engaged in what Mol has termed '*ontological politics*' (1999). She argues that reality is not a stable entity but is performed differently in different practices. This means that we can no longer talk of one ontology but instead of multiple ontologies. Hence, reality is contested and becomes a subject of politics. There is not one ageing ontology, but myriad practices constituting distinct, irreducible ageing realities, and ageing policies can be seen as ways of organising and prioritising these multiple realities. But how to engage in such a multiplicity? What is the role of critical analysis in ontological politics, and what does this mean for the engagement with ageing?

As STS scholars Anders Kristian Munk and Sebastian Abrahamsson have argued, the field of STS is divided by the question of how to engage with the practices it studies (2012). While scholars such as Mol (2002) and Law (2004) argue for ontological interference – to undo the singularity of the practices and point to their multiplicity – Latour argues for a compositionist agenda (2010), which engages with the matters of concern and crafts a common world (2004). While both arguments are based on multiple ontologies, the question is how to make a difference in this multiplicity: To insist on the interventionist qualities in describing difference and multiplicity, or to deliberately and normatively engage in the gathering and crafting of the matter of concern? While one strives for an enlightened multiplicity, the other strives to craft a common world, by establishing an arena where different realities and practices can meet.

As I demonstrated in the previous section, active ageing is multiple. The formats are distinct but interrelated policy packages, which unmake old age in different ways. Thus, one of the ways in which they are entangled is through their engagement with ageing and the way they invoke active late lives. They both position activity as a rejuvenating practice that can solve the concern of ageing. The formats interrelate through ageing, and the engagement with them and critique of them must take place by engaging with that which they try to solve; their concern, so to speak. In this regard, not only their differences, but also their similarities and the way they feed into

the concern – the way they are part of the gathering of the concern –are of interest when it comes to engaging with and critiquing active ageing.

To position ageing as a matter of concern is to recognise that it both is made *and* solidified through facts and practices. It is not just a social construction that exists because of its embeddedness in social institutions and cultural expectations. Furthermore, it is not merely a biological process, nor an economic problem, nor is it simply a matter of everyday practices and experiences – it is all of these things (and more) at the same time:

(We) have to deal with states of affairs that fit neither in the list of possible fetishes – because everyone, including us, does believe very strongly in them – nor in the list of undisputable facts because we are witnessing their birth, their slow construction, their fascinating emergence as matters of concern. (Latour 2004:242)

The matter of concern is gathered in such a manner that it designates specific areas of interest and points to specific solutions, and the role of engagement and critique is to offer a place where the different ways of engaging with the concern can gather – to compose and collect common worlds. To engage with the matter of concern is to take its knowledge, facts, practices and differences seriously, as multiple realities, clashing values and conflicting practices and ideals of the good late life; to engage in their gathering and scrutinise their logics and disputes.

But how is ageing as a matter of concern gathered? What are these different engaging practices that construct it? In the following section, I propose the fibre metaphor as a way to analyse and engage with matters of concern.

Fibres of ageing, or how to study a matter of concern

I started this chapter by proposing fibres as a metaphorical tool that can facilitate an analysis of ageing as a matter of concern. As I show in the previous section, a matter of concern is gathered by myriad practices, things and disputed facts. The fibres constitute a specific way of seeing these practices, things and disputed facts. Hence,

the fibre metaphor is a way to concretise an empirical analysis of the matter of concern; to open it up and disentangle its different interwoven constituents. But metaphors and analytical tools are not passive instruments. They constitute a specific reality out of the practices they study.

The fibres constitute ageing as a matter of concern as entangled. The fibres connect the smallest issues of the matter of concern – the way The Cordial Club play billiards (article C), the way older persons handle their chronic diseases (article D), the way the partners in the PPIP depict old age (article A), the assignment of a specific researcher in a political organisation (article B), the way Kaare goes for his daily swim, drinks his dram and articulates the good late life (chapter 7) and the way Andrea experiences her frailty (article D) – to each other and to conferences, pension reforms, bills, clinical trials, welfare states and pension funds. Each of these practices

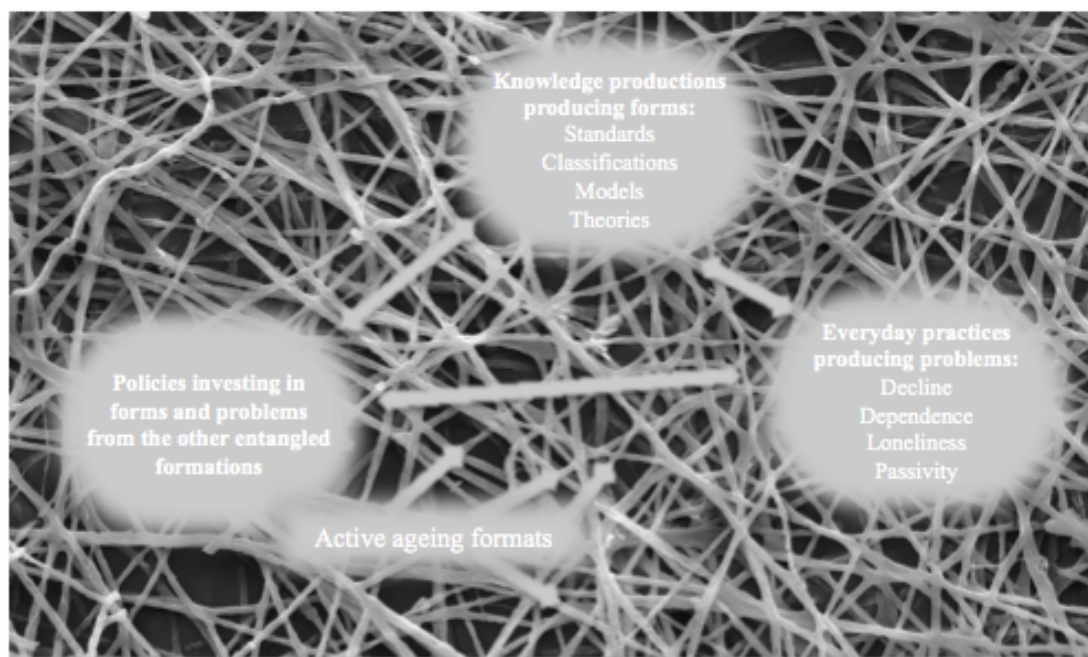


Illustration 8. Ageing as a matter of concern seen through the fibre metaphor: The myriad fibres are interwoven and together compose ageing as a matter of concern. The fibres are condensed into three entangled formations – knowledge productions, everyday practices and policies – which are practices that relate and intersect, but also produce different outcomes: forms, problems and investments. The policies invest in specific problems and forms from the other entangled formations, and via these investments, they operationalise policy packages. Despite being operationalisations of very different practices and ways of knowing about ageing, these policy packages are rather solid and coherent formats with specific intents: to unmake old age.

and things are fibres that interweave in the gathering of the matter of concern. The fibres are tangled together, and in this tangling, some fibres condense into formations, which appear more firm and visible than others (see illustration 8).

In my analysis of ageing, the matter of concern is held together by different engaging, disputing, entangled formations of fibres. While many entangled formations could be pointed out, I focus on how knowledge productions, everyday practices and policies are entangled into formations that gather ageing as a matter of concern. While these formations are related and sometimes hard to distinguish, they differ in terms of what they produce: the standards and forms produced in knowledge productions, the problems produced in everyday practices and the investments in these forms and problems in policies. In part 2, I explore the products of these formations, but for now I elaborate upon the fibre metaphor and the ideas it draws upon.

The fibre metaphor draws on a range of different analytical tools and images from theorists engaged in the study of the constitution of realities and their entanglements (Latour, Haraway, Mol and Deleuze & Guattari), which I describe in the following. The plurality of inspirations that the fibre metaphor draws upon can be explained by the different qualities associated with fibres. Fibres come in many different forms, as I show with illustrations 5-7. Fibres are material semiotic phenomena; they are both concrete, versatile, material things, and carry versatile semiotic meanings. In the form of fibre threads, they hold things together due to the way they interweave. As dietary fibre, they make up the solid part of the meal and require hard work to be digested and metabolised. In the guise of fibre optic cables, they carry light within them and create connections across space. They can light up or dim down according to the quantity of impulses they carry, and I use this image to illustrate how different problems (e.g. decline) and forms (e.g. population pyramids) are scaled up or down according to their importance in the matter of concern.

The fibre metaphor is closely related to actor-network theory, which suggests that each actor is the result of a network of human and non-human actants, and that the more actants, the stronger the network (Latour 1986). Things are always gathered in networks, and agency is to be found in these, rather than in autonomous human actions (Latour 2005).

Fibres hold things together, and make them solid and firm by being interwoven. As such, my use of the fibre metaphor also draws upon Donna Haraway's idea of the '*knot in motion*' (2005:6). To Haraway, the world is a knot in motion; things and beings do not pre-exist their relations, but are constituted through the ways in which they reach into each other – their prehensions. Her '*feminist inquiry is about understanding how things work, who is in the action, what might be possible*' (2005:7). Here, it is the fibres that reach into each other and create entangled formations – knots – that are not stable, but in constant motion.

The fibre metaphor is also inspired by Mol's ontological politics, which I described in the previous section, and which suggests that things are multiple – not plural, but more than one and less than many – and that alternative realities can stand in for each other and be included in each other; '*that what is 'other' is also within*' (Mol 1999:85). In the case of ageing, this means that the multiple active ageing formats are related to the same concern.

Furthermore, the fibre metaphor borrows from Gilles Deleuze (1925-1995) and Félix Guattari's (1930-1992) concept of the '*rhizome*' (2005), as it too knits and holds things together in endlessly established connections and circumstances. But fibres have qualities that differ from the rhizome. Whereas the rhizome strengthens the matter from beneath the surface, fibres hold the matter of concern together, and gather it above ground (illustration 5). That is to say, the fibres are not invisibly hidden underground, but are visibly and often enthusiastically engaged in the dispute and the crafting of the matter of concern.

As such, the fibre metaphor draws on different ways of conceptualising realities and things as entangled phenomena, constituted through the different practices and things that relate them. The fibre metaphor produces a specific way of thinking about ageing, which takes the smallest actions and practices to be part of a matter of great concern. In this way, this theoretical image of thought is a productive analytical tool. As linguists George Lakoff and Mark Johnson have pointed it out, the '*metaphors we live by*' structure our actions (1980). To use fibres as a way of analysing ageing as a matter of concern is a discursive narration with ontological effects, as it bridges small

routines and international organisations as part of the same concern. As such, the fibre metaphor pulls the different worlds of ageing nearer each other.

Methodologically, this approach to ageing and active ageing means that activity centres, policy papers, public debates, health campaigns, homes, PPIPs, conferences, clinical trials, journals and books are all disputed parts of the matter of concern. Research, then, has to be conducted at many sites and in many ways. While the ethnography, the document analysis and the studies of ageing theory and ageing science might each individually resemble other research practices, the research of matters of concern combines these approaches in order to examine the connections and associations between the entangled formations of fibres.

The entangled formations – knowledge productions, policies and everyday practices - are not separate and localised domains, such as science, parliament and home, but are fluid and entangled. They are not pre-existing substantialities, but are constituted through their doings. They are not owned by specific actors, such as scientists, politicians and laymen; numerous actors engage with them. Knowledge is also produced by interest organisations, policies are also created via public hearings and everyday practices are not only the domain of those who are ‘out of the loop’ of policy and science. Moreover, those who are ‘out of the loop’ of policy and science, – in this case the elderly whom I studied ethnographically – do not simply accept active ageing as a solution to the concern of ageing in their everyday practices. The problems of old age appear to be too solid to be easily changed. The way some elderly people engage in social activities in their everyday life seems to be reminiscent of the 1950s activity theory. While I could find no link between active ageing and activity theory, the findings that came from the conceptual unravelling described in the beginning of this chapter show how old age was made as a period of leisure activity. Many of the elderly people in my research insist on their right to enjoy retirement and leisure activities after a long work life.

As I explain in more detail in article C, the collective around the billiards table in The Cordial Club engages in social activities and is not willing to accept the more physically active and healthy ideals of the good old age. Different practices and ideals

of the good late life clash. In this way, active ageing converts the everyday practices of the elderly into part of the concern to be solved. Everyday practices produce problems. At the same time, many elderly people change their activity patterns and engage in active ageing. Everyday practices are both the problem and the solution to the matter of concern: they must be formed in the right way but they answer back, negotiate and appear to be both solid and malleable. Active ageing often clashes with the everyday practices of the elderly, and the elderly sometimes suggest alternative compositions of active ageing that include drinking, social activity, political activity or billiards.

Using the fibre metaphor as a tool with which to study ageing as a matter of concern enables me to link these everyday life situations and negotiations to the active ageing policies. It allows me to show the disputes and describe how ageing is gathered. As such, the fibre metaphor facilitates the empirical analysis of the matter of concern – which I turn to in Part 2 – by showing how the smallest fibres are entangled, and how they feed into the matter of concern. In this regard, an empirical analysis is not merely a matter of counting or articulating the many fibres, but a way of narrating ageing that has consequences for the way ageing is composed. Ageing behaves in a fibre-like manner, but narrating and stressing this fibre-likeness also reinforces it. Drawing on Cliffords idea of allegories as tools that create commonality (1986) and Lakoff and Johnsons idea of metaphors as structuring (1980), I suggest that the fibre metaphor is productive and carries an implicit narrative¹¹: matters of concern are entangled by fibres; and out of this entangledness, formations appear. These formations engage with ageing in different ways, and form ageing through these engagements.

In this chapter, I have described a metaphor to study and frame matters of concern. As I started out by stating, the theory, method and analysis mutually condition each other. I have shown this throughout the chapter by accounting for the way my research practice developed. I started with a conceptual unravelling, wherein I demonstrated different concepts of activity in gerontology. This insight prompted me to change my methodological approach to ageing, by looking for the specificities of

¹¹ Taking inspiration from Clifford, Lakoff and Johnson does not imply that the fibre metaphor is the type of universal allegory or metaphor that these authors portray. The inspiration from these authors pertains to the ontological effects of metaphors, rather than their universal characteristics.

the policies. This methodology entailed a different theoretical approach to ageing: one which regards reality as practiced and multiple. But my analysis also pointed to the ways in which active ageing is related. In order to engage in this relatedness and possibly its composition, I shifted focus to the concern that active ageing tries to solve. This meant approaching ageing as a matter of concern, which required a multi-sited and multi-oriented methodology. As such, method, theory and analysis are not separate entities, but mutually conditioning choices. Therefore, I have not allocated separate chapters to method, theory and analysis, but rather highlighted their entanglements.

In part 2, I explore the formations of knowledge productions, policies and everyday practices, and show what they produce, how they are entangled and how they feed into the matter of concern. As an ethnologist, I wish to include the everyday practices as an important part of the matter of concern. We (as ethnologists, anthropologists and other researchers of culture) cannot leave it to the sociologists of science and policy to study matters of concern; we must link the practices of science and policy to the everyday practices by which science and policy are empowered, and which they simultaneously seek to alter. In this regard, the fibre metaphor provides a way to study a matter of concern empirically, which includes everyday practices.

Although the different formations of ageing are entangled, I disentangle them in part 2 in order to show their specific products, and the ways in which they interweave in the matter of concern – like a child untying a knot in order to understand how it is tied, or a scientist looking through a microscope at a tiny fragment of a fibre, well aware that the strength of the fibre comes from its entanglement with the other fibres. I do this by highlighting how the specific products of the three formations – the forms of knowledge productions, the investments of policy and the problems of everyday practices – are related and feed into the matter of concern in different ways.

Placing the three formations in this order is an attempt to play with the hierarchy between them. I do not claim that any of the formations are the most important for the matter of concern, nor that the matter of concern is first and foremost articulated via knowledge productions, subsequently flowing from there into policies and then into everyday practices. The entangled formations do not have primacy. As entanglements

of fibres they intersect and exist through their relations with each other. So, presenting the formations in this order is an attempt to illustrate their entanglement, and to break with any implied hierarchies between them, while also acknowledging that this too invokes new hierarchies. As I stated on page 9 in the introduction, there is an implicit hierarchy in this text, which favours everyday practices. The common world that Latour opts for seems to require an equal amount of engagement with the different worlds and practices. But opting for equal engagement and a completely common world neglects the way the researcher is always positioned in the practices s/he studies.

As an ethnologist I highlight difference rather than commonality, and I am more engaged with the everyday practices than I am with knowledge productions and policies. I am not a neutral conciliator: I started to engage with active ageing because I, via my fieldwork studying the everyday practices of the elderly, wondered how the good late life I saw practiced there differed from the ideals in the PPIP and in CEHA. Everyday practices were my point of entry into the study of active ageing, and when I, as an ethnologist, write about the ‘effects in the world’ of the active ageing formats, the everyday practices of the elderly is the affected world that is most pertinent to me.

Hence, my engagement with the matter of concern is a way to bring everyday practices more actively into the crafting of the other entangled formations and their products. This also means that I position myself within the multiplicity/compositionism divide: I have explicitly and normatively chosen to act as a diplomat on behalf of the everyday practices (see chapter 7 for an elaboration of the diplomatic figure) and, through this choice, I hope to make the everyday practices a more weighty formation in the matter of concern; to make them one of the strongly lighting fibre-optic cables. This is a normative, compositionist position. But it is also a position that is hesitant towards the ideal of a common world, and rather sees the gathering of the practices as a rethinking of how they negotiate.

Part 2: The entangled formations of the matter of concern

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5. Knowledge productions and their forms of ageing

Different entangled formations of fibres produce different products, which together gather the matter of concern. The entangled formations of knowledge productions, policies and everyday practices should not be seen as separate domains. They are closely related. They are not distinguished from each other by being located at different sites. Yes, knowledge productions often occur in laboratories and universities, but not exclusively. Yes, policies are often developed in assemblies or government institutions, but not exclusively. Yes, everyday practices often play out in homes or workplaces, but not exclusively. Likewise, specific agents are not a distinguishing factor for the entangled formations. The formations are distinguished by what they produce.

Knowledge productions are characterised by their production of forms, such as standards, models, and classifications, which, through the invocation of different epistemologies and through their application in policies and everyday practices, obtain validity and solidity. Policies are characterised by their investment in the products of the other entangled formations – for example, via the passing of bills, the making of reforms, the elaboration of policy programs, the reorganisation of healthcare and the invocation of individual responsibility. In the case of ageing, everyday practices are characterised by their production of problems, such as declining bodies, inactivity and dependence, which, via the classification in knowledge productions and the investments of policies, become disputed and reinforced. The two active ageing formats are operationalised as specific solutions to the matter of concern via policies' investments in forms and problems. As such, the products of the entangled formations distinguish them from each other and, at the same time, their products relate them to each other via their disputes, negotiations, applications and investments. Their products gain validity and potency via these relations.

In this chapter I explore the various forms produced via knowledge productions, and explore how they are interwoven in the matter of concern. I do this by arguing that knowledge productions produce standards, models and classifications, which generate

what and how ageing is known about scientifically. The effects of specific knowledges are a widely studied subject in STS, often via studies of classification and standards. The STS-scholars Geoffrey Bowker and Susan Leigh Star (1954-2010) examine classification as a specific form of human practice, which informs social and moral order through technological infrastructure (1999). Likewise, the historian of statistics Alain Desrosières (1940-2013) stresses how classifications are conventions that span countries and boundaries in order to achieve common problems, comparisons and solutions. The way knowledge is produced forms specific types of common actions (1990). Thus, when embedded in classifications, standards and models, knowledge becomes transportable and bridges differences and distances. Knowledge can take the form of standards, which are formal shapes, measures, or systems that are widely accepted as accurate and conventional; it can take the form of models, which are condensed representations of systems of knowledge; and it can take the form of classifications and categorisations, which are divisions, prioritisations and sorting of things. If knowledge is not translated into some kind of form, it remains local, inapplicable and unconsolidated. In contrast, when disputed knowledge is transformed into the *'invisible work of classification'*, it has the potency to change politics and human interaction (Bowker & Star, 1999)

I do not intend to provide an exhaustive account of the knowledge productions of ageing research. Rather, I examine some of the key forms that are gathered in the matter of concern and that are also used to solve it via the active ageing formats. The forms that I outline in this chapter are selected because they are deployed in the active ageing policy papers in various ways. Some forms, like the population pyramid, are directly used in the policy papers. Others, like the compressed morbidity model, provide a scaffold for the policies and are implicitly deployed through the wordings the papers deploy. Others still, like the race-suicide theory, are now abandoned theories that were important stepping stones in the elaboration of the forms as they are currently deployed in active ageing policies. These forms contain specific narratives. The compressed morbidity model narrates increased longevity as a potentiality based on decreasing mortality and morbidity in the past century (illustration 9). The population pyramid narrates the shape of the global population as burdensome and problematic (illustration 11). As such, the forms are different types of knowledge

about the population, which gather, negotiate and dispute ageing as a matter of concern.

While article B is a thorough exploration of the relationship between knowledge and policy, this chapter mainly focuses on knowledge productions. Though knowledge is often produced in academia – and the forms outlined in this chapter are produced in scientific institutions – it is important to stress that knowledge is produced at many different sites and through many different practices. As Rabeharisoa, Moreira and Akrich illustrate, other collectives, such as patient groups, engage with knowledge production and make themselves part of the networks of expertise (2013). The production of forms is not limited to scientists, and by positioning knowledge productions as entangled formations, I intend to highlight this more fluid approach. This also means that there is not one coherent knowledge production (Science), but rather myriad knowledge productions (sciences), which dispute and negotiate knowledges about ageing.

Scientificating and destabilising old age

As I demonstrate in chapter 3, a new period of life emerged in the middle of the 20th century due to the rise of the welfare states and the continuing increase in life expectancy. Public pensions institutionalised old age and secured the livelihood of older people, but also classified them as poor, frail, socially dependent and objects of discrimination (Binstock 1991).

Social gerontologists often refer to this institutionalisation as the social construction or invention of old age (Fry 2006). Via the institutionalisation of retirement, old age was classified as a distinct period of life during which retirees could enjoy their ‘golden years’ after a long life of hard work. As described in chapter 4, this new period of life required adjustment and entailed an uncertain social role for the retiree.

During this period, social gerontology tended to research the new territory of post-retirement life from a functionalistic perspective. How could an individual adjust well

to retirement? (Pollak 1948); ‘What kinds of activities were (in)appropriate for retirees?’ (Cavan et al. 1949); And what would the role of the family be in an old age supported by the state (Townsend 1963)? These were central questions for the new discipline. New types of knowledge practices (e.g. a new type of longitudinal studies, cf. Moreira & Palladino 2011) and knowledge institutions (e.g. gerontological institutes) were established to research and classify this new period of life, and engineer a good old age. At the time, social gerontology articulated many of the currently used stereotypical classifications of the elderly, such as ‘the disengaging old person’ (Cumming 1961) and ‘the lonely old person’ (Havighurst 1954). As such, social gerontology articulated some of the everyday problems that are currently being addressed by active ageing policies, and which are commonly used in everyday language.

Biology, medicine and psychology had already researched the process of ageing in the first half of the 20th century (Cowdry 1939, Hall 1922, Minot 1908). As previously mentioned, Canadian-American biologist Edward Cowdry’s (1888-1975) seminal work *‘The Problems of Aging’* (1939) positioned ageing as an interdisciplinary field, and included psychologists and philosophers among its authors. This interdisciplinarity classified the problem of ageing as a complex process that touched upon all aspects of life. Disciplinary boundaries were portrayed as obstacles which hindered the understanding of the complexity of ageing. But the epistemological divides between disciplines, as well as their institutional settings, usually prompted them to maintain their disciplinary boundaries (e.g. Busse et al. 1985). Different disciplines produced different models and standards of ageing.

In social gerontology, the idea that old age is a social construction became widespread in the last decades of the 20th century. Old age was classified as a construction of the institutions of the modern state (e.g. Townsend 1981), of statistics (e.g. Katz 1996), of discursive formations (e.g. Biggs & Powell 2001) or of intersections with other hierarchies such as gender, race and class (e.g. Calasanti & Slevin 2001).

During the same period, the biological sciences started to classify ageing as malleable. Although bio-gerontologists regard impairment and disease to be integral parts of biological ageing, research conducted since the 1970s has shown that aspects

of senescence can be postponed through lifestyle (Fries 1980, Fries & Crapo 1981) to the extent that biogerontologists consider genes to only account for 25 % of our longevity, making extrinsic factors a determining factor for the human life span (Christensen 2000, Kirkwood 2005). The model of compressed morbidity produces a new ageing standard wherein individuals are able to die old and in good health as long as they have lived healthily throughout their life (see illustration 9). Senescence is plastic, and a mandatory retirement age should be prohibited due to the *'health and vitality benefits of continuing challenge, problem solving, perception of productivity, continued activity, and more money'* (Fries 1983:819).

So, in the early and mid 20th century, a scientific interest for the new period of life was fostered as old age became institutionalised and more commonly attained. In the latter half of the 20th century, this interest led to a proliferation of different ageing standards and models. In general, these classified the process of ageing as unpredictable, evitable and less natural than previously thought (c.f. Kohli 2007, Moreira working paper), and this is evident in the active ageing policies and in everyday practices.

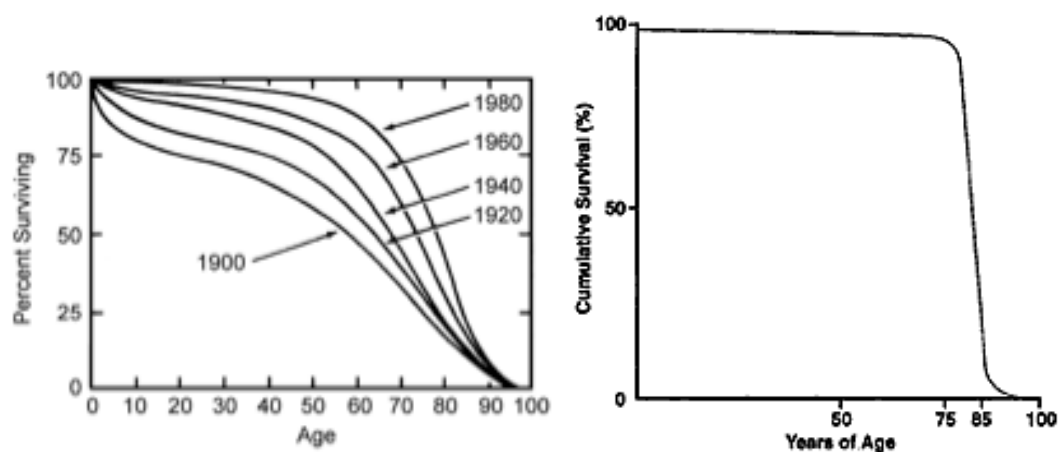


Illustration 9. Models of compressed morbidity. Picture left: The change in the survivorship curve in the United States in the 20th Century (Fries 1983:806). Picture right: The ideal life curve is rectangular with a 100% of people surviving until the maximum life span (Fries & Crapo 1981:x).

The demographic expansion of old age

When statistician Francis Amasa Walker (1840-1897) developed the population pyramid in the 1870s (Walker 1874), he produced a way of modelling the life course that remains important today. Based on the standards of age, cohorts and sex, the population pyramid forms the population in a specific manner (see illustration 10).

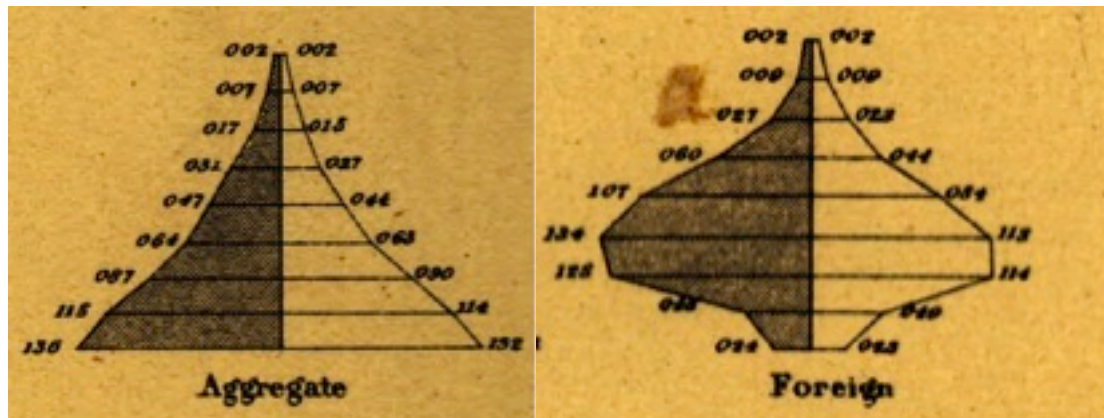


Illustration 10. Two examples of the population pyramid as it was formed in the Statistical Atlas of The United States by Francis Amasa Walker in 1874. The pyramid is a bilateral histogram that produces a standard of a healthy population through the forms of age, cohort and sex. From <http://www.handsomeatlas.com/us-census-statistical-atlas-1870>. Accessed 17th May 2014.

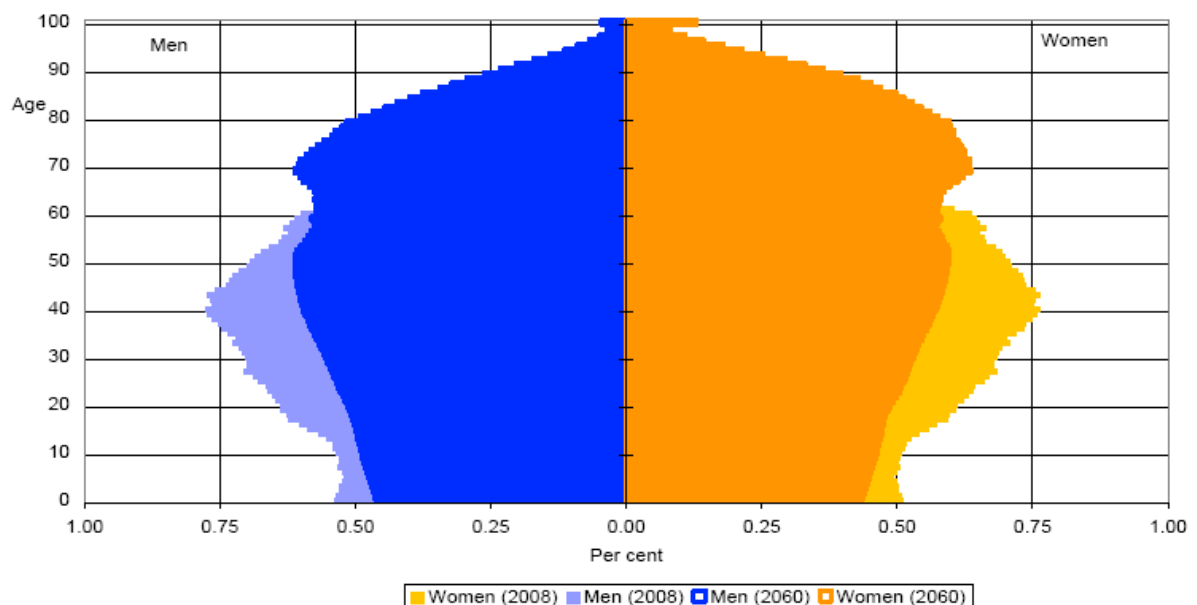


Illustration 11. Population pyramid of the 27 EU member states combined, based on numbers from 2008 and their projections to 2060. From http://epp.eurostat.ec.europa.eu/statistics_explained/index.php?title=File:Population_pyramids_EU27_2008_2060.PNG&filetimestamp=20090618142755. Accessed 17th May 2014.

This shaping of the population was used to elaborate Walker's race-suicide theory, which argued for eugenic control of the 'inferior' immigrating races in USA, due to the declining fertility rates of the 'native' (Anglo-Saxon) people. He feared that this would lead to a race-suicide, caused by a lack of desire to bring sons and daughters into a world where they had to compete with the 'new elements' of the population (Leonard 2005).

In the 21st century, the shape of the population pyramid is undergoing a reversal, so the largest cohorts are now found in middle and old age. This is the case in the Western hemisphere in particular, but a similar trend is seen globally. Moreover, the population pyramid is often used to predict future population composition by projecting the standards of fertility and mortality rates. This results in alarming scenarios calling for population control and societal reorganisation (see illustration 11). As such, the population pyramid is still used to navigate population politics, and has become an important image of the matter of concern, as well as an illustration of the destabilisation of the ageing process and an argument for a change in the organisation of the life course.

The retirement age in Europe has only changed slightly since the middle of the 20th century, whereas life expectancy has increased radically during the same period. Life expectancy is a demographic standard used to calculate expected years of life from birth. In Europe, life expectancy has increased from 65 years of age in 1950 to 76 years of age in 2010. During this 60-year period, life expectancy in Europe has increased by 11 years (see illustration 12). In a demographic modelling of these data, this means that for every year Europeans have lived since 1950, they have added approximately two months to life. This increased life expectancy has not only prolonged lives, the decline and dependence of old age has also been delayed. The period from 1960s and onward has seen a delay in the outbreak of disease during the life course. People are older when they get severe diseases (Olshansky & Ault 1986). Some demographers anticipate that this increase in average life expectancy and postponement of senescence will continue, and estimate that in countries with high life expectancy, most children born after the year 2000 will become centenarians (Christensen et al. 2009). These projections are, of course, uncertain, and different

bio-gerontological ageing theories argue that factors such as dementia and cancer will prohibit a further decline in mortality rates (cf. Moreira & Palladino 2009).

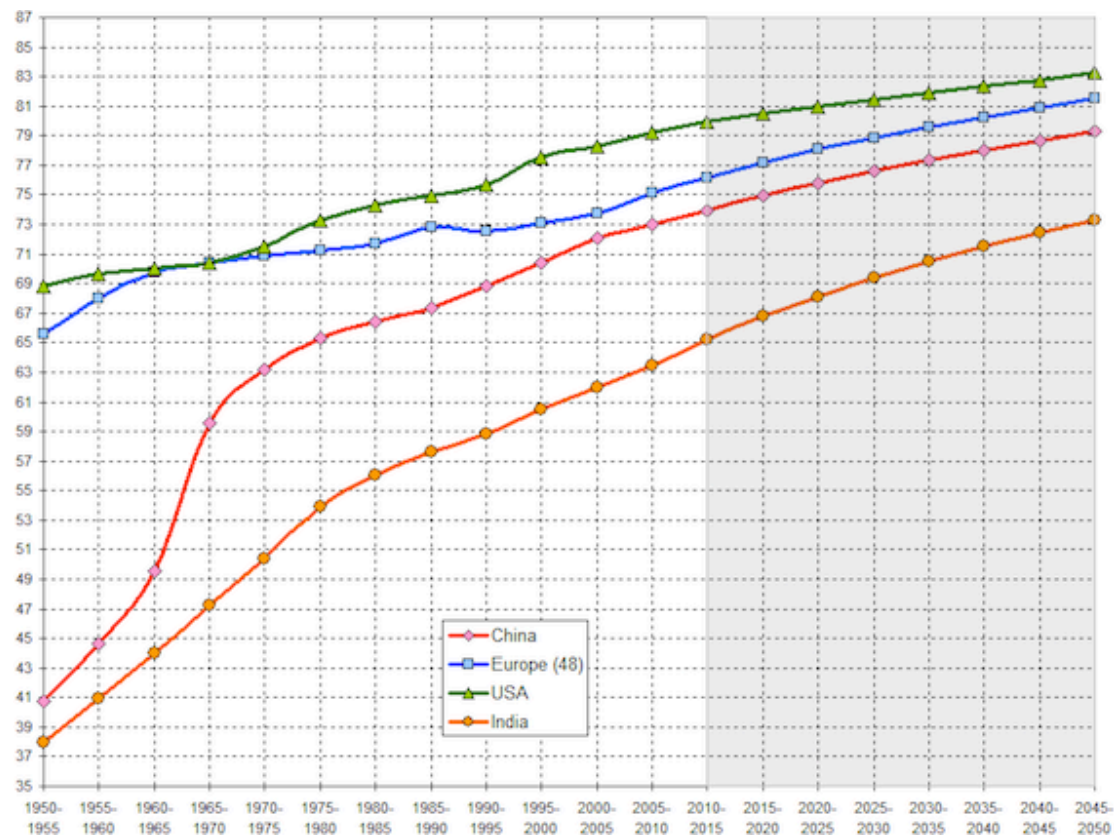


Illustration 12. Life expectancy at birth: 1950-2050 (both sexes). http://www.china-profile.com/data/fig_WPP2008_L0_1.htm. Accessed 28th May 2014.

The extension of life has resulted in an expansion of old age. In the majority of EU member states, people who retired in 2009 can expect to be retired for between 20 and 24 years (EU 2012:14). When old age was classified and institutionalised in the 20th century, such a long period of retirement seemed unthinkable. Thus, if we regard old age as a biological, social gerontological and demographic classification, this classification is destabilised as life and health expectancy continue to increase. When old age was institutionalised, it was assumed to be a short period of time during which people could enjoy their last years of life. The dramatic expansion of life calls for a reorganisation and reclassification of the everyday practices and policies that address the last third of life, and fosters an interest in how this rapid expansion can be supported and continued.

Different types of age

In the latter half of the 20th century, gerontologists deemed chronological age to be too arbitrary a measure. The amount of calendar years since birth says little about a person's physical, mental or social state, and chronological age does not determine when people are old. People age differently and the older they get, the more life events can potentially increase this difference:

...chronological age is not the cause of anything. Chronological age is only an index, and unrelated sets of data show correlations with chronological age that have no intrinsic or causal relationship with each other (Birren 1999:460).

As philosophical gerontologist Jan Baars points out (2009), the author of the quote above, American cognitive gerontologist James Birren, had 40 years prior classified chronological age as the single most useful predictor of an individual's anatomy, physiology, psychology and social behaviour (Birren 1959). During the intervening years, Birren and other gerontologists discussed three independent classifications of age with which to grasp the complexity of the life course: biological age, social age and psychological age (Birren & Cunningham 1985, Neugarten & Hagestad 1976). Chronological age had lost its causal abilities in gerontology, although chronology is so inherent to the way of understanding time that it often continues to frame gerontological models (Baars 2009).

Whereas chronological age is a category heavily loaded with cultural expectations – at 3 years of age you should be able to speak, run, be potty trained, etc.; at 35 years of age you should have a family, a career, a private pension etc.; at 60 years of age you should have considered when and how to retire – the new types of age classification attempted to break with these cultural expectations and enabled individual measurements of age, thereby differentiating between people's stage in the ageing process (Bourlière 1970). Different types of individual measurements were developed in the 1960s and 1970s: for example, extrinsic measures like functional age, which assessed the individual's ability to perform activities of daily living (Lawton & Brody 1969) and intrinsic measures like biological age, which detected specific agents that were believed to prolong the life-span, referred to as the *'battery test'* (Comfort 1972)

in an early version of biomedicine, and what is today referred to as ‘biomarkers of ageing’ (for an overview of these measurements, see Moreira, working paper). Likewise, psychological age models the individual’s mental functioning and perceptual processes as the primary measures through which to define age, whereas social age is classified by the changing social roles throughout the life course (Birren & Cunningham 1985).

While the different age classifications have proposed alternatives to chronological age, they have also been criticised for fragmenting the ageing process, as they only include specific elements of the life course, and cannot grasp the lived experience of the ageing process (Settersten Jr & Mayer 1997). Chronological, biological, functional, psychological and social age all relate to different disciplines that have been involved in the making of old age: demography, epidemiology, physiology, bio-gerontology, psychological gerontology and social gerontology. During the last decades of the 20th century, these disciplines engaged in a conceptual transformation of old age, as different conventions and models from the various disciplines pointed in the same direction: that ageing is more malleable than previously thought.

Biomedicine, lifestyle and new classifications

In this section, I describe some important conceptual transitions in ageing research and policies. In this regard, it is important to state that by emphasising transitions I run the risk of generating an epochalistic view of a before and an after (Du Gay 2004). However, the transitions are not generally characterised by abrupt switches between a before and an after, but are rather slow transitions requiring hard work. Elements of previous standards remain in the new standards, just as elements of new standards were already present in the old standards. The conceptual transition describes a shift in the general conventions within a field, rather than an absolute abolition of old conventions and a complete adoption of the new. Lets not forget that knowledge is disputed, even though this disputability tends to become hidden when knowledge is formed into standards and classifications.

As I have shown in the previous sections, the concept of old age is dynamic. It changes according to the standards from the various sciences that configure it, the political, institutional developments of 20th century welfare states, changing in everyday practices and increasing longevity and numbers of healthy older people. In this regard, a seminal transition occurred in the epidemiological and demographic models of ageing in the 1970s and 1980s.

Epidemiology, i.e. the study of patterns and causes of disease, partly shifted its focus in the latter half of the 20th century. Improvements in living environments and lifestyle during the 19th and 20th century changed the major cause of death from infectious diseases to non-infectious diseases. This increased life expectancy and redistributed the risk of dying from the young to the middle and old aged. By the 1970s, there was a belief amongst epidemiologists that the rapid increases in life expectancy would tail off. However, during that period, the death rates amongst the elderly began to decline (Olshansky & Ault 1986).

In what has been called '*The Fourth Stage of the Epidemiological Transition: The Age of Delayed Degenerative Diseases*' (Olshansky & Ault 1986), there was a considerable decline in mortality rates amongst the oldest cohorts. This tendency was explained by an increase in the age at which people started to suffer from chronic diseases. Epidemiologists explained this transition with new medical technologies and a lifelong focus on chronic diseases. The cohorts moving into old age in the 1970s were the first cohorts to have experienced this life-long focus, which included a reduction of risk factors for chronic diseases; smoking less and exercising more, for example (Olshansky & Ault 1986). While population policies had hitherto mainly focused on birth control, there was now an increasing emphasis on health maintenance programs and lifestyle (Weisz & Olszynko-Gryn 2010). The increase in life expectancy simultaneously posed a challenge to social security and health care systems (Manton 1991). In this way, demography and epidemiology aligned in their focus on the population effects of improved health conditions (demography) and the benefits of health interventions on non-infectious diseases such as cancer, type 2 diabetes and cardiovascular diseases (epidemiology).

This alignment of research interests altered the standards of health and age. Whereas age was previously often classified as a rather stable standard with inherent expectations of health and social status, this standard was individualised and started to disintegrate in the last decades of the 20th century, as I have shown above. The increasing number of health interventions that were launched at the time included an emphasis on lifestyle, which inserted health into the entire life span and correlated behaviour early in life with health later in life. In this regard, the standard of physical activity was increasingly considered to be an important aspect of a good ageing process (Buchner & Wagner 1992, King et al. 1998).

Related to the focus on lifestyle, biomedicine became an important part of the medical discipline. Biomedicine focuses on pathological programs inside the body, which are influenced by lifestyle. This changed the medical gaze, as it now attempted to prevent or postpone the onset of diseases by understanding the organism's intrinsic pathological programs, rather than focusing primarily on diagnosis and cure (Clarke et al. 2010). Prevention, lifestyle and health promotion were new standards, and these provident healthcare standards eventually altered healthcare for the elderly in what has been termed a 'biomedicalisation of old age' (Estes & Binney 1989). This meant that ageing was no longer directly linked to disease or impairment, but to an increase in risk factors (Katz & Marshall 2003).

Biomedicalisation also altered the standardised life phases. Whereas there was previously one life trajectory with innate life phases, the individualised age measurements and the standards of lifestyle and biomedicine enabled the individual to reconfigure these phases and postpone individual senescence. Lifestyle and biomedicine delegated the responsibility for a long and healthy life to the individual, long before the onset of old age (Marshall & Katz 2002:57). This meant that governmental health programs took a new direction; their task was now to promote self-care throughout the process of life (e.g. Sundhedsstyrelsen 2011).

The reconfiguration of life phases and of health as a life process has consequences for the ways in which age and old age are classified in at least three respects:

1. The category of age lost its causal qualities, which meant that the life trajectory lost its standard of ordering. The focus on processes and lifestyle entailed the standard of ageing replacing the standard of age. Ageing categorises the process instead of the

number, and this fitted better with the epidemiological focus on health throughout life. This new standard became apparent in the 1990s when the WHO and the EU included ageing in the names of their policy programs relating to older people.

2. When age is replaced by ageing, this also raises questions about the classification of old age. When does old age start, and can it be classified using a number? Old age creates a sharp distinction between those who are included in the category and those who are excluded from it, but the threshold of old age differs from individual to individual and it is disputed whether this should be classified through health, social status, behaviour or chronological age. In an attempt to do away with the marginalising aspects of old age, the standard of late life has been proposed (c.f. Grenier 2012). The term ‘late’ inscribes late life into a process throughout life – indicating that there has been a life previous to late life. Whereas old age is a static category that classifies its subject through age, health, social status or behaviour, late life connotes a process in which the individual is now placed at the latter part.

3. The criticism raised against the ‘old age’ classification also points to the way old age has been used as a social category, classifying the behaviour and identity of the people in the category. To be old – whether this means being 65+, being frail, in need of care, or receiving a state pension – suggests a specific identity and behaviour. But often, older people do not identify with their age (Kaufman 1986), nor do they always behave in the way they are supposed to. The concept of lifestyle enables differentiation between life trajectories (e.g. Christensen 2000). As such, the concept of lifestyle aligns epidemiological and biological findings with a classic convention in social gerontology: older people are more heterogeneous than other age groups – often referred to as ‘*intracohort differentiation*’. This heterogeneity is explained either socially, by the accumulation of experiences and events during the life course, or individually, by an accentuation of the personality over time (cf. Dannefer 1987). Overall, this has led to the classification of older people as heterogeneous and the process of ageing as non-causal: personality and behaviour are not determined by the effects of time (Baars 2009) and older people can only be classified as a group in statistics.

The different standards, classifications, models and conventions outlined in this chapter are all examples of forms created through the entangled formation of

knowledge productions. While I have focused on their conceptual and scientific appearances, they are always ‘factorised’ through disputes and engaged in negotiations with policies and everyday practices. This is apparent when Fries argues for the abolition of mandatory retirement age (as described on page 67), or when Settersten Jr and Mayer criticises the fragmented ageing classification for failing to grasp the lived experience of ageing (as described on page 72). Moreover, these forms need to be fuelled by the investments of policy in order to become formats and have effects in the world. And they need to be both applicable to and to address problems in everyday practices in order to become forms that can travel and have effects in the world. As such, while these forms are produced in knowledge productions, they are only potent through their relations with the other entangled formations of the matter of concern. In the next chapter, as well as in article B, I describe how these forms are invested in by policies and operationalised into active ageing formats.

6. Policies and their investments in forms and problems

In this chapter, I explore the investments of the entangled formation of policies. The EU and the WHO engage in the matter of concern by investing in the forms produced in knowledge productions and the problems produced in everyday practices, and by operationalising them in policy packages with a specific intent in the world: the active ageing formats. In the following, I dedicate a section to each of the two formats in order to show how they invest in different problems and forms. However, the details of how the active ageing formats are composed are not explored thoroughly here but in article B. But, in article B, everyday practices are only scarcely included in the composition of the formats. This chapter adds to the argument, by positioning everyday practices as part of the compositions and operationalisations of the formats. It is through investments in specific forms and problems that policies become potent and valid. As such, it is in the relations to the other entangled formations that policies can become what Foucault terms the '*rational art of governing*' (1994:70).

In his analysis of an EU directive on cells and tissues, public health scholar Klaus Høyer approaches the directive as '*a particular manifestation of a biopolitical configuration*'¹² (2010:1872) to illuminate the underlying normative assumptions in the directive. Conducting this type of policy analysis requires distancing oneself from the apparently morally correct dictums behind the policies in order to scrutinise the logics behind them *and* their social implications. While active ageing policies and cells and tissue directives are different types of governance tools, they are both crafted around obviously morally correct ideals – a healthy late life and the proper supply of tissues – and are both manifestations of biopolitical configurations that form and rationalise life conducts and have effects in the world. But these effects are consequently also resisted and/or negotiated by those they affect. In this regard, it is important to scrutinise how these policies are formed, instead of just accepting their moral correctness, in order to suggest how they might be recomposed and be more in sync with the practices they affect.

¹² Often associated with governmental and Foucaultian analyses, biopolitics generally refers to a change in the political gaze starting in the 18th and 19th centuries, which made the conducts of life and formation of the population a subject of political and scientific interest, and which has taken on new forms today. I expand on the biopolitics and how it relates to ethnology in chapter 7.

Active ageing can be seen as a policy concept attempting to engender societal change (Stenner et al. 2011). In contrast to successful and productive ageing, active ageing was first articulated in policy papers. But this articulation drew upon knowledge productions and everyday practices; it invests in them. Most analyses of active ageing focus on policies (Boudiny 2012, Boudiny & Mortelmans 2011, Walker 2002, 2006, 2009) or critique the empirical implications of these (Moulaert & Biggs 2012, Ranzijn 2010, Rudman 2006). To focus on policies and their implications in the study of active ageing is to enter active ageing through the front door. Apparently, this is where the action happens. This is where official policy documents emerge pristine and ready to enforce their implications on retirement programs, activity centres, lifestyle interventions, innovation partnerships and age management. On the one hand, there are policies: stable and firm entities setting the guidelines for practice. On the other hand, there are practices: the material and practical realisations or deviations from policies. But what if we were to foreground the production of policies and look at policy as practice? This would entail studying how everyday practices and knowledge productions are entangled into policies.

To study how the different formations relate, I use '*investments in forms*' as an analytical tool. French sociologist Laurent Thevenot suggests investments in forms as a way to examine regulations and standards across different sectors as equivalent (1984). While standards are transferable and can bridge different sectors, they are also constantly negotiated locally. Using the case of the French labour market, Thevenot shows how forms, from the smallest individual agreements (such as payment) to universal standards (such as time), require investments in order to be effective and obtain a lifespan and an area of validity. The term investment here does not only relate to economic investments, but also to the time and effort put into a form by a given institution in order to '*establish a stable relation with a certain lifespan*' (1984:9). To illustrate, Thevenot uses the case of international time:

(I)nternational time is a standard form of exceptional stability and universality which may seem obviously useful and necessary, but which was in fact only set up after a long period of hard work (Zerubavel, 1982). Thanks to this example, some idea may be gained of the cost of investment required to achieve standard time, without which other investments which depend on

regularity could not have taken place. (...) The creation of a time form which is valid over a large area depends on the articulation of a number of different forms such as the technical instruments and scientific formalizations used to create Greenwich Mean Time, relations of equivalence equipped with communication networks (mailcoach, telegraphy, railway etc....) in order to extend the validity of this time, a legal definition of States in order to create standard time zones, and national and international institutions to agree about time. (Thevenot 1984:11)

In this way, standard forms require huge investments in order to become universal. If time in the above example was replaced by age, a similar story could be told about the many forms that required investments in order for age to become the standard form for measuring the life course: scientific conventions regarding the correlation between age and functional capacity (cf. Moreira working paper), birth registers, chronological time, cohorts, etc. Thus, the way knowledge produces forms – standards, classifications, models and conventions – have effects in the world through the types of policies the forms enable and through the ways in which policies invest in them.

In article B, Moreira and I argue that the active ageing formats are knowledge-driven policies, and we use investments in forms as a tool to analyse these policies. But the forms are not the only constituents invested in by policies. The everyday practices of the elderly produce problems in the world that require solutions. It is in these practices that the elderly may find it difficult to engage in new activities after retirement, which can lead to passivity and loneliness. It is here, too, that decline and dependence are apparent when old people are no longer able to attend to their personal hygiene, or when they can no longer leave their house. It is these specific kinds of problems – decline, passivity, loneliness and dependence – that policies invest in when they support activity centres, when they allocate one billion Danish kroner to care for the elderly (see page 37), when they introduce new savings and pension schemes, when they reorganise homecare systems or when they initiate pension reforms. The active ageing formats produce the ideal good late life through investments in forms and problems that are operationable and manageable via specific forms of activity. As such, everyday practices have a voice in the active ageing

formats, but it is a voice that is selected, negotiated and distorted through policies' investment in specific problems.

I will expand on the problems in everyday practices and how policies invest in them in chapter 7, but in this chapter I exemplify the investments of the policies with the forms of compressed morbidity, standards of physical activity, structured dependency and dependency ratios, and with the problems of decline and passivity. The forms gain importance and weight and the problems become articulated and manageable through policy investments. In this regard, policies require hard work, fuel and power from forms and problems produced elsewhere. It is via their relations with the other formations that policies can operationalise the active ageing formats.

The WHO format: Investing in decline and compressed morbidity

When epidemiologist Alexandre Kalache was appointed director of the WHO Aging and Health Programme in 1995, the theory of compressed morbidity became an integral part of the WHO ageing policy. As explained in chapter 5, compressed morbidity argues for the possibilities of postponing senescence and extending life through lifestyle. Throughout the 1980s, Kalache worked with the rapid decline of fertility and mortality rates in the third world countries (Kalache & Gray 1985, Kalache et al. 1987). These countries did not have the means to take care of the increasing population of elderly people. He advocated for extending the health maintenance programs of the West to the entire world so the old populations in poor countries could stay healthy in late life.

The work of Kalache showed the possibilities of compressed morbidity and by appointing him, the WHO invested in this model. His work showed that there was some of the same tendencies in the health problems of the global South as in those of the West, and the WHO created a common standard for global health interventions, which should focus on prevention and lifestyle to ensure long and healthy lives. This standard was a way to bridge boundaries and create global policy programs.

But the appointment of Kalache was only one part of how WHO established active ageing. For the format to become a rather solid policy package and a coherent statement producing effects in the world, a range of forms and problems had to be invested in.

In the 1990s, the term '*ageing*' replaced the term '*old age*' in WHO's ageing policies. This change of vocabulary indicated a shift towards a focus on the entire life course. Ageing policies do not exclusively address the elderly; they address all age groups, since everybody is ageing (Kalache & Kickbusch 1997). However, a seminal aspect of the Aging and Health Programme was to improve the health of the elderly and prevent the problem of decline in late life.

Until the 1990s there was no consensus regarding the benefits of physical activity for the elderly, as earlier research had indicated that physical activity could be harmful and dangerous for the old. In 1996, a group of public health officers and researchers on physical activity formulated the '*Heidelberg Guidelines for Promoting Physical Activity among Older Persons*' (WHO 1996). These guidelines were an attempt to clarify the importance of physical activity and its capacities to prevent decline and dependence. By being physically active, the elderly could postpone senescence and extend life, and campaigns promoting physical activity could now also include the elderly. With the 1998 report '*Growing Older – Staying Well*' (WHO 1998), the campaigns directly targeted the problems of decline in everyday practices by stressing the importance of physical activity in relation to maintaining one's functional capacity. Functional capacity inserts health into everyday life by suggesting that health should be defined by the capacity to function, rather than by the absence of disease, as many older people feel fine even though they have diseases (Laukkanen et al. 1997).

1999 was the UN '*International Year of Older Persons*' and came to be a pivotal year for the operationalisation of the active ageing format. The range of investments in forms and problems led to the 1999 report '*Exploding the Myths of Ageing*' (WHO 1999) that operationalised the different forms and problems into one common format. The report was a blend of arguments, models, theories, standards and problems, from different epistemes and different everyday practices, which together produced a

common ideal for late life focused on activity and which, as stated in the foreword by the director-general of the WHO Gro Harlem Brundtland, involved *‘every dimension of our lives: physical, mental, social and spiritual’* (WHO 1999:2). This report positioned decline as a central problem of ageing. While the decline was positioned within *‘(t)he capacity of our biological systems’*, the speed of decline was *‘largely determined by external factors’*, which could both accelerate the decline (e.g. by smoking) or reverse it (e.g. by increasing a person’s level of physical fitness) (WHO 1999:14).

The last paragraph of the introduction to the report stated that the goal of the report was to explode myths and *‘suggest ways that individuals and policy makers can turn principles into practice to make Active Ageing a global reality’* (WHO 1999:3). The report ended by classifying 11 individual and 11 policy intervention categories of active ageing (see illustration 4 in article B). As such, it endeavoured to both articulate strategic, large-scale, national interventions, such as *‘(i)ncorporate exercise into school curricula’* and to propose small-scale techniques that could improve health throughout the life course, such as *‘(b)reastfeed babies for at least 4 months’* and *‘(e)xercise regularly from the earliest years through to older ages; walking, climbing stairs, and housework are effective forms of exercise!’* (WHO 1999:21). Thus, investing in the problem of decline not only took place at the level of national actions, but also through changing individual routines and everyday practices. Active ageing was becoming a format by investing in a range of different forms and problems that together destabilised old age and argued that activity could reverse or postpone the ageing process.

The EU format: Investing in passivity and structured dependency

During the 1990s, the term ageing also replaced old age in EU policies. And, as in the WHO, the EU used the UN 1999 *‘International Year of Older Persons’* as a favourable moment for articulating a new policy package for ageing. At the 1999 *‘Active Ageing Conference’*, the EC invited policy makers and researchers in fields such as employment, pensions, healthy ageing and old age care (EC 1999). The EU

was inspired by the theme of the UN year '*Towards a society for all ages*' and employed a vocabulary of active ageing, with concepts such as participation, contribution, independence and health.

However, the institutional setting in which the active ageing format is embedded in the EU, the forms and problems in which it invests, the level at which it intervenes, and the effects it aims to have in the world differ from those of the WHO. The EU policies aim to create retirement reforms, age management, solidarity between generations and increased productivity in late life. Besides international and national reforms, the EU format aims to intervene by advising policymakers and supporting local stakeholders. The policies are seen to endorse increased quality of life and wellbeing in old age and, as such, are considered to be both economically sound and morally correct (Walker 2002:1), and aim to change cultural expectations towards ageing and make it a period of active contribution instead of passive leisure time.

Here, morally correct refers to the annulation or postponement of a stratifying, passive old age. By extending work life into what was previously termed old age, people's contribution to society is extended, and the economic evils associated with 'the silver tsunami' are avoided. While this produces longer working lives, it also aims at producing healthier and more active post-retirement subjects (EC 1999). By working longer, older people postpone decline and continue to contribute and participate in society. But morally correct also refers to the individual's responsibility towards the collective. Whereas the WHO format focuses on population health through healthy lifestyle and targets the lifestyle of the individual to achieve this goal, the EU format invokes the individual's responsibility when it comes to achieving a sustainable economy by problematising long periods of retirement and calling for intergenerational solidarity (Walker 2002). This solidarity is both an attempt to prevent ageism in the work place and to change early retirement patterns, as these place a disproportionate demand on the middle aged, who are required to generate subsistence for childhood, education and the long late life, on a population level.

The invocation of this 'morally correct policy' is based on the investment in the forms of structured dependency and dependency ratio and in the problem of passivity.

The theory of structured dependency (Townsend 1981) was formed within a social gerontological, functionalistic framework. One of the founding fathers of British social gerontology, Peter Townsend (1928-2009), argued that the dependency of the elderly was caused by the structures and institutions of the welfare states, which facilitate passivity, early retirement and denial of rights based on chronological age. A student of Townsend, Alan Walker, had several publications on the topic (Walker 1980, 1981) and has been a key figure in British social gerontology throughout the past decades. When the EU started to take interest in active ageing, he was invited as keynote speaker to their '*Active Ageing Conference*'. He has since been a key source of inspiration for the EU active ageing formation, and has published extensively on the theme (e.g. 2002, 2006, 2009). As such, the mutual engagement between Walker and the EU has been an investment in structured dependency, which underpins the active ageing format.

When old age is seen as embedded in societal institutions, changing these institutions is also a way to change the passivity and cultural expectations towards old age. In this way, the EU format engages in the way old age is organised in society and attempts to curtail the passive everyday practices that are often the result of early retirement patterns.

The EU also invests in the population pyramid, which displays the current and future age distribution in the population as problematic. By adding the demographic and the economic dependency ratio to the population pyramid, the EU stresses the pressure that is put on the working part of the population (see illustration 13). Statisticians and demographers developed the dependency ratios in the middle of the 20th century to show the effects of the population's age distribution on the economy. The EU invests in these forms in the active ageing formats. While activity cannot change the shape of the population pyramid, it can change the economic dependency ratio and the passivity ascribed to the older cohorts at the top of the pyramid.

The EU active ageing format configures productive activity and participation in society as the good late life. As in the WHO format, activity is deemed to be healthy and is opposed to passivity. However, the EU format takes passivity to be not only unhealthy but also asocial and unjust, as the working collective pays for the many

years an individual can collect public pensions. Premature retirement is regarded as passivity and leads to the passive conduct of post-retirement life, which may lead to loneliness, decline and dependence. The dichotomy between activity and passivity is divided by retirement, and pension reforms aim to extend working lives and complicate early retirement, but also create a middle path in the form of more flexible retirement schemes.

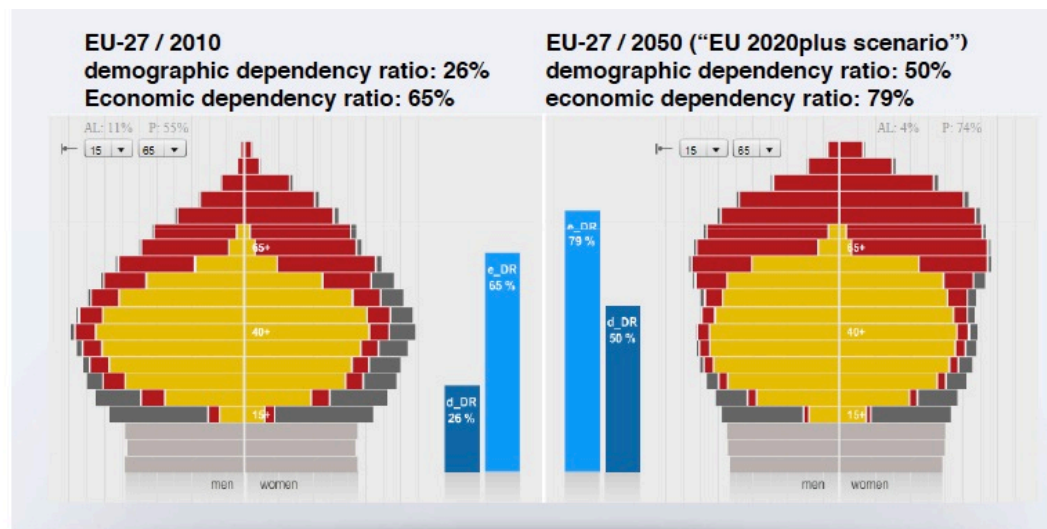


Illustration 13. Economic vs. demographic dependency ratios in the EU-27, 2010 and 2050. From a presentation by Fritz von Nordheim at the 'Aktiv i livet' conference, Copenhagen, December 2012. The demographic dependency ratio divides the non-working age groups (0-15 & 65+) by the working age group (15-65), whereas the economic dependency ratio is more specific and divides the population outside of the labour force by the population in the labour force. In the figure, the yellow parts are people in employment, the red parts are pensioners and the unemployed, and the grey parts are others (students, housewives, etc.).

With the 2011 report *'How to promote active ageing in Europe,'* the EC provided an overview of the possibilities for funding and local initiatives as a way of launching the 2012 *'European Year for Active Ageing and Solidarity between Generations'*. The publication was a way to promote active ageing in the everyday life of the European populations and its intended goal to *'create more opportunities for older people to stay longer in work, to contribute to society as volunteers and carers and to remain independent for as long as possible'* (EC 2011:5). This was to be done locally and regionally, as this is where *'many of the most essential services that enable older people to remain active in their communities are provided'* (EC 2011:9). While the

EU recommendations are directed at policymakers and stakeholders, the goal of these is to make very concrete changes in everyday practices via initiatives promoting everything from life-long learning (:13) and cross-generational activities (:28) to social online platforms (:20). As such, the EU and the WHO also differ in the key actors they consider for implementing changes in everyday practices: individuals and national states (WHO) in contrast to local and regional stakeholders (EU).

Formats with effects in the world

Whereas the WHO active ageing format aims to extend life further, the EU format is a way to change societal structures so they fit with the already-extended life. Whereas the WHO format promotes further change, the EU format adapts to the changes that have already happened. But both formats invest in forms that destabilise old age (e.g. compressed morbidity and structured dependency) and overlapping problems of everyday practices (e.g. decline and passivity). Both formats consider activity, in one way or another, to possess rejuvenating qualities that can reverse the ageing process. And both formats position an active lifestyle as the ideal for the good late life.

The active ageing formats have very concrete and specific effects in the world. Everyday practices change when retirement is postponed, when activity centres flourish in local municipalities, when lifestyle interventions enable increases in physical activity, when people are healthier in old age but are also expected to be independent and care for themselves, when older people engage in volunteer work and sports or when they travel, date, divorce, marry, etc. In this regard, old age has been altered to the extent that active ageing policies can be seen as an attempt to unmake what is left of the 'old' old age.

At the same time, the active ageing formats seem very imprecise when it comes to delineating local initiatives, as I describe in article B and as I have demonstrated using the WHO (1999) and EU (2011) reports that outline individual and local initiatives respectively. But many local initiatives do flourish – activity centres, online forums and elderly volunteers are testimony to this – through grassroots organisations, local impassioned souls and initiatives supported by the active ageing policies in

municipalities and/or the EU. While the two active ageing formats differ in many ways, in their concrete, local designs, they can be hard to distinguish, as both promote participation in society and independence. Is it the EU or the WHO format that is deployed in the design of more active nursing homes or in the establishment of activity centres? As such, the two formats are closely linked through their invocations of active late lives.

Meanwhile, a huge part of the ageing population – many of my research subjects included – are not leading the good late life as it is depicted in active ageing. Old age cannot simply be unmade. As I describe in chapter 7, my research subjects are out of sync with the longer working life, the healthy lifestyle and the push for constant activity. The elderly I studied negotiate and rearticulate the active ageing ideals, while also integrating them in their practices. Ideals of the good life always exclude some and include others, but as some of my examples show in articles C and D, the active ageing ideals are often negotiable in, and adaptable to, everyday practices, to such an extent that they can be adapted and appropriated by many. Also, in chapter 7, I show how everyday practices produce specific problems that are invested in by policies. Furthermore, I show how the study of everyday practices forms part of a biopolitical agenda, and how these everyday practices have been studied and articulated in ethnology. I use this to show how everyday practices are disputed and negotiable in order to develop the ethnological diplomat as a specific ethnological figure engaging in the matter of concern.

In this chapter, I have explained how policies invest in problems and forms from the other entangled formations. This entangles policy with everyday practices and knowledge productions, and stresses that the products of policies only have effects in the world through their relations with the other formations. As such, the fibres of the policies are powerless and without effect if they are considered in isolation – as bills, conferences or administration offices. It is through their entanglements with the other formations and their investments in their forms and problems that they can become formats with effects in the world.

However, as I argue in chapter 7, the active ageing formats currently invest in very specific problems of everyday life. The active ageing formats configure the ideal good late life through investments in forms and problems that are operationable and manageable via specific forms of activity. As such, everyday practices have a voice in the active ageing formats, but it is a voice that is selected, negotiated and distorted through policies' investment in specific problems.

7. Everyday practices and their problems of ageing

In policies and knowledge productions, some parts of everyday practices become articulated as problems in need of solution and change. In this regard, problems are articulations of problematic practices that are out of sync with the active ageing ideal of the good late life. Policies invest in these problems via pension reforms, health campaigns and changes to the institutions of old age. The problems appear through their relations with the other formations. In this regard, it is a very specific configuration of everyday practices that I use: They are both in opposition to the other formations, problematised by them and deeply related with them. Everyday practices are both how my research subjects go about their everyday lives, and how they are problematised and articulated by knowledge productions and policies.

I suggest that everyday practices become articulated as problems when they differ from the active ageing ideal of the good late life, and propose the term '*out-of-sync*' as an analytical and methodological tool with which to study this difference. Using Danish ethnologists Tine Damsholt and Astrid Jespersen's idea that everyday life contains the potential for change through '*gradual tinkering processes*' as a stepping-stone, I propose Bruno Latour's figure of the diplomat (2002) as a possible ethnological position in a matter of concern. By attempting to negotiate between different worlds, the diplomat engages in the construction of a common world. In this case, the different worlds of ageing in everyday practices, knowledge productions and policies require negotiation.

I have studied everyday practices at activity centres, in the homes of the elderly and in a range of everyday situations¹³. The findings I present in this chapter were developed through participant observations and interviews, which means that I as an ethnologist was, to some degree, part of the everyday practices that I explore (Davies 2008). This also entails that the 'I' is more present in this chapter than it was in chapters 5 and 6. There are different writing conventions depending on the practices under study, and since the ethnographic fieldwork grounds this chapter, I am more present in the text here. This is because I disturbed and participated in the everyday practices to a greater

¹³ For an overview of my sources, see the appendix.

extent than I did in the knowledge productions and policies. An example of this participation and disturbance is the way in which I imposed the concept of active ageing onto the research subjects' practices when they asked about my research. Usually, they do not use the term 'active ageing' and when asked, they find the term nebulous and confusing. 'Is it that you actively try to age quicker?' one research subject asked me, when I explained my research to him. Therefore, I did not interview the research subjects directly about the concept of active ageing for the most part, but studied the way active ageing is practised indirectly in everyday life by studying how people engage in different kinds of activities, how they relate to lifestyle concerns, how they depict ageing, what they expect from old age, how (and if) they are retired, their daily routines and their ways of inscribing their past and future into the present.

To study active ageing through everyday practices is to enter active ageing through the *'kitchen door'*. Swedish ethnologists Billy Ehn and Orvar Löfgren (2006) describe the kitchen entrance as the ethnologist's gaze on the seemingly insignificant – routines, the dishes, ironing – which comprise bigger issues, and are linked to the way life is lived and organised. As such, activities like billiards or Pilates are not without importance; they are culturally specific forms of practice that are linked to the societal organisation of late life and the practices of the good late life. To study kitchen entrances is to look at big issues through small matters. I do this by linking the everyday practices of my research subjects to active ageing (see also article C and D). Their ways of playing billiards, continuing their everyday lives despite numerous chronic diseases, creating togetherness at the activity centres and their different activities are engaged in a negotiation of active ageing. My research subjects reflect upon the role of health and activity in old age and negotiate, accept and reject the policies to which they are subject. Everyday practices produce problems and, through articulation and investment, it becomes apparent that these are out of sync with the ideal good late life. Hence, these practices become political objects of change.

Everyday practices out of sync

As I have shown in the previous chapter, active ageing is operationalised into formats with specific ideals of the good late life. These ideals are condensations of myriad insights that crystallise and standardise the appropriate late life conduct, and position various kinds of activity as such appropriate late life conduct. But the elderly practice different and contesting ideals, and active ageing clashes with practices and ideals that build on other types of knowledge. I do not attempt to give an exhaustive account of the ideals that active ageing could clash with, but rather show how the active ageing ideals and the everyday practices that I have studied are out of sync with each other.

Everyday life is one of the single most important concepts and research objects in Scandinavian ethnology e.g. through the study of folk culture in the Scandinavian agricultural society (Frykman & Löfgren 1979, Stoklund 1979, Sundt 1862).

According to Damsholt and Jespersen, if everyday life is approached as repeated practices configured by an ideal of the good life, then these practices are changeable through a tinkering process that requires a thorough ‘interpretation’ of how they are organised and performed before they are subjected to interventions (working paper). In this line of thought, everyday practices have some kind of duration, inertness and resistance to change. Furthermore, everyday practices are not just individual, but are enacted by collectives – such as families or other forms of social organisations – and are an integral part of their way of living (Højrup 2002). According to Ehn and Löfgren, when everyday practices do change, the change is usually imperceptible and occurs through small steps that remain unnoticed until they become dramatically obvious (Ehn & Löfgren 2010). As such, changing everyday practices is not a question of changing individual behaviour or creating abrupt change, but is instead a lengthy and slow process that requires tinkering and changes to social organisation and the ideal of the good life.

While the durability of everyday practices brings about stability and continuity and organises households through silent agreements, this durability poses a problem when everyday practices are unsustainable for society. In the case of ageing, the routines and continuity of established ways of practicing the good late life have become part of the problem. The focus on health and productivity creates new ideals of the good late

life, which designate other routines as ideal. The institutionalised version of old age in the EU, consisting of 20 to 24 years post-retirement, endangers the construction of society centred around the life course, with a childhood and period of education, 30-40 years of work-life and a short period of retirement. Different practices and ideals of the good late life clash when policies rearticulate expectations towards late life conduct, and when older people insist on their right to enjoy a lengthy period of retirement after a long work life.

When retirement reforms start to change retirement age and rearticulate the good late life as one of participation and contribution rather than relaxation, this is likely to lead to resistance and a feeling of having one's golden years stolen. This is the case when my research subjects encounter expectations to be healthy, productive and physically active. Some gradually adapt to these new expectations and change their practices in small increments, but they also mix these new practices with their previous practices, and continue to drink, neglect disease or spend most of their days playing billiards. The inertness of everyday practices challenges interventions into everyday life and innovations of active ageing.

In article C, I explore this challenge and inertness by using out of sync as an analytical and methodological tool. I have developed this tool through my ethnographic fieldwork at the activity centres, and propose it as a way of seeing the routines via their disruption, and of making the seemingly insignificant visible. As a methodological tool, 'out of sync' uses the difference between the researcher and his/her research subjects to gain insights into their routines. I differ from my research subjects in many respects. In the billiards collective I was out of sync because I am young (in their eyes), academic (in their eyes) and unable to play billiards (a rare undisputed fact). I did not fall smoothly into the rhythm of the game, and the players had to change the routines and numerous small gestures that make up the game in order to try to fit me in. This was also the case with the Pilates classes I participated in. I am young, male and unable to do many of the exercises that the older participants – primarily women – are able to. Ethnographic fieldwork always entails some degree of interruption of the field of study. With the 'out-of-sync-method' I attempted to turn

this interruption into an advantage, by seeing the routines through my disruption of them.

As an analytical tool, out-of-sync-ness can be used to highlight the differences between the good late life as depicted in active ageing and the good late life as my research subjects practice it. After getting to know me and my research project, one research subject, Kaare, would often jokingly look at me and say '*Cheers. This is active ageing!*' when he drank his dram or took a sip of his beer. I interpreted this act as Kaare's way of recognising that he was out of sync with active ageing, and that he engaged in a form of negotiation with this ideal of the late life. He also proudly stated that he swam 800 meters every morning and, as such, acknowledged the need to stay physically fit. During my fieldwork, I saw many of these ambiguous stances towards active ageing. The research subjects were out of sync, but engaged in a negotiation of the good old age. In this negotiation they often articulated the policies and campaigns promoting healthy lifestyles as too idealistic, pushy, demanding and annoying. From their perspective, the active ageing policies are out of sync with their everyday practices. In this way, the out-of-sync-ness is not a one-way argument aimed at synchronising everyday practices with the good late life depicted in active ageing formats. Rather, it is an argument for a mutual synchronisation between the different formations. It is not the everyday practices, the knowledge productions or the policies that are intrinsically out of sync, but the ways they relate to each other.

Thus, the out-of-sync-ness is double. It is both a methodological tool, which can be used to study collectives that are inherently different from the researcher, and an analytical tool that can help to negotiate differing practices and ideals of the good life, by shedding light on how the formations are out of sync with each other. Activities such as billiards seem completely out of sync with active ageing, but are not easily changed. They are culturally specific, durable forms of practice because they are collective, routinised and institutionalised. The cultural specificity of activities is what makes them both solid and fragile. When the institutions and ideals within which they are enacted are changed, their cultural specificity risks being regarded as a remnant of an out-dated version of old age. This renders everyday practices problematic and makes them a target for political intervention. But many of my research subjects resist

and negotiate this intervention, and insist on their alternative practices (see articles C and D).

In the following section, I show how ethnology is and has been involved in the formation of everyday practices. By pointing to the way ethnological pioneer Eilert Sundt (1817-1875) studied the Norwegian peasantry, I argue that the ethnological interest in everyday practices is part of a biopolitical interest in the population's life conduct.

Ethnology, biopolitics and the study of everyday practices: Eilert Sundt's porridge war

The study of health and life conditions has been an ethnological research object ever since the beginning of the discipline. As Damsholt and Jespersen describe, the discipline of ethnology is closely linked to political interests and the government of the life conduct of the population (working paper). Using Foucault's work on biopolitics, they argue that everyday life as an object of study and a body of knowledge is formed through a change in governmental practices.

The term biopolitics generally refers to a change in the political gaze that occurred during the 18th and 19th centuries. Whereas states had previously been primarily concerned with territory, the focus now shifted towards the importance of the population's discipline and welfare. The strong state was to be created through a strong population, which was treated '*as a mass of living and coexisting beings who present particular biological and pathological traits and who thus come under specific knowledge and technologies*' (Foucault 1994:71). This entailed a focus on the conducts of life, and the formation of the population through disciplines such as statistics, health and education. Everyday life became an object of '*investigation and intervention*' (Damsholt and Jespersen, working paper). As such, everyday life is not just authentic habits and folk customs, but is part of a political agenda from the moment it becomes an object of knowledge and articulated as everyday life. Everyday practices are not just an arena for political governance, but are involved in forming what can be governed (the population) and how. From this perspective, the discipline

of ethnology is biopolitical and forms part of a governmental rationality, which governs through different techniques and strategies and has life as its object. By interpreting the life conduct of the population and transforming everyday life into knowledge, ethnology has indirectly taken part in the governing of populations.

In his 1978-1979 lectures at the Collège de France, Foucault analysed how this biopolitical form of governmental rationality links to a liberal state form, whose art of government lies in the conduct of conduct and a modelling of '*the rational behaviour of those who are governed*' (Foucault 2004:312). This interest in the conduct of the population led to a range of techniques, which proposed different ways to study life. In Denmark, several vicars studied peasant life already in the late 18th century. They suggested a variety of ways to change habits, while simultaneously recognising that everyday life seems to have its own rationales (Damsholt 2000).

Some of these vicars later became known as ethnological pioneers. Through their detailed descriptions of the populations' conduct of life, they served as both reformers and curators. An example of this is the Norwegian vicar Eilert Sundt, who examined mortality rates in Norway by travelling around the country in the 1850s. He measured the average life span and investigated ways of life and sources of improvement. Sundt regarded the population's awareness of life span as '*salutary for (the population's) conduct and circumstances in life that it learns to "count its days".*' (Sundt 1855:5)¹⁴. Sundt proposed that changes in the conducts of life could lead to a change in death rates, and that adequate stocks gained through sedateness and used with moderation would reduce mortality. In this way, he problematised the population's ways of life. But it would soon become apparent that Sundt also considered defending traditional and inherited ways of life to be his duty.

In the 1860s, Sundt engaged in what was termed 'the great porridge war' ('den store grødkrig'), through which he engaged in negotiations regarding proper life conduct and the differences between culturally specific practices and political ideals. The conflict started with the publication of a new cookbook in Norway in 1864 – '*Fornuftigt Madstel*' ('Rational Cooking') (Asbjørnsen 1865) – which aimed to

¹⁴ Translated from the Norwegian original: '*velgjørende paa dens Færd og Forhold i Livet, at den lærer at "tælle sine Dage"*'

rationalise the cookery customs of the Norwegian population in order to promote health and make the most of scarce resources. The cookbook was part of a wider campaign to educate the peasants – especially the women – for the good of the nation (Rockwell 1994). In the cookbook, the peasant custom of adding a handful of flour to the porridge just before it was served was criticised, as nutritionists argued that uncooked flour is indigestible, and that the custom was therefore both a waste of valuable carbohydrates and a cause of tuberculosis and rickets.



Illustration 14. The porridge war as it was depicted in the journal Vikingen, with Sundt defending the peasant woman from Asbjørnsen (the author of the cookbook). Reprinted in Stoklund 2003:49

This criticism of peasant women's cookery customs articulated everyday practices as a problem that required intervention. Porridge was estimated to be a daily staple for 1,200,000 Norwegians, and the misuse of flour was a huge waste of national resources. Sundt was a firm believer in the rationality of customs passed through generations and was offended by the way the scientists accused the farmers without understanding the reasons for their customs (see illustration 14) (Stoklund 2003:49)¹⁵. Sundt acted as an advocate for the peasants' ways of life and was eventually supported by Frans Christian Faye, a medical professor who conducted experiments

¹⁵ The Danish ethnologist Henning Frederik Feilberg later described how Sundt saw the peasant's way of life as the result of a thousand years of development, in which each generation learned from the previous and progress happened slowly (Feilberg 1889, from Rockwell 1994).

that showed no evidence of harmful effects from the intake of uncooked flour. On the contrary, the slow digestion of uncooked flour led to a longer sensation of fullness, which was beneficial for the physically hard-working peasants (Rockwell 1994). Hence, the uncooked flour was both healthy and economically sound, and Sundt regarded this as confirmation that traditions passed on through generations were valid and rational.

However, Sundt needed scientific proof that the uncooked flour was not unhealthy in order to win ‘the great porridge war’. While the everyday practices proved to be rational and healthy, his claim that they were inherently so was not what won the argument; rather it was the combination of this claim and a scientific experiment. As such, the alignment between everyday, ethnological, and scientific practices altered the biopolitical intervention into peasants’ cooking customs. His advocacy of the peasants’ inherited customs needed to be supported by a scientifically-produced form of knowledge.

As Damsholt and Jespersen describe (working paper), the interpretations and interventions into the customs of the population has been a central component of the ethnological practice. When everyday practices are deemed problematic and become the object of interventions, ethnologists often act as interpreters of everyday life and show, for example, how seemingly idiosyncratic health practices (Otto 1998) or seemingly out-dated production forms (Højrup 1983) are practices with their own rationales. In this line of thought, everyday life becomes a factor that must be taken into account as a pivotal precondition for change. If reforms are to create successful change, they need to consider and adapt to the ‘constitutive logic of everyday life’. (Damsholt & Jespersen working paper).

Ethnological studies of differences in health practices

In this section I show how ethnologists have studied the rationales of everyday practices, by focusing on how selected Danish ethnological Ph.D. dissertations have approached health practices. As described in the previous section, ethnology as a discipline can be seen in the light of a biopolitical interest in everyday life. But

studies of how biopolitics have formed everyday life have also been seminal in Danish ethnology. The biopolitical approach takes the everyday practices and policies to be closely linked; they are not two distinct domains distant from each other. As such, biopolitics is both part of ethnology's *raison d'être* and a key theoretical and analytical inspiration in the discipline. Biopolitical studies are an integral part of the way health and health practices are studied. These studies often focus on how differing practices and ideals of the good life clash when governing bodies intervene in everyday practices.

In her dissertation of how shifting ideas of nature have changed health education since the 18th century, Signe Mellemggaard shows how, to some degree, the population as an object of study emerged due to its poor health at the end of the 18th century. Health was promoted in order to enhance the efficiency of agriculture and the military. From the very beginning, it was evident that there were huge variations in the health status of different population groups. Diseases were linked to social position; the simple life led by peasants meant that they had simple diseases, whereas town dwellers' diseases were more complicated (Mellemggaard 1998). Likewise, in her dissertation, Tine Damsholt demonstrates that peasants' health became an object of interest in the 18th century. Peasants needed education in order to be able to care for themselves, and Damsholt shows how gymnastics became a central component of this education. Gymnastics was an ideal way to train children through play to eventually become good soldiers, but also how to conduct a good life, by teaching them moderation and the proper disposition and sentiment towards the homeland. As such, gymnastics not only disciplined the body; this disciplining was aimed at the conduct of life, and health was an integral part of this (Damsholt 2000).

With their dissertations, Mellemggaard and Damsholt show how the health of the population has been a key concern for the state since the 18th century, and that health practices that diverge from the governmental ideal have been objects of intervention. This interest in health is part of a process of forming the population, and is also a way for governing bodies to get their subjects in sync.

The interest in the health of the population was reinforced throughout the 20th century. In her dissertation, Lene Otto scrutinises health discourse and how there are

differences inherent to the concept of health, which empirically co-exist but are also logically different. As such, Otto shows that health is a heterogeneous concept, and that divergent health ideals do not just exist between governing bodies and the population; different people and groups also practice health differently (Otto 1998). In her dissertation, Henriette Buus links the Danish institution of health visitors for infants to an interpellative practice that was part of an international competition, in which a strong population and low infant mortality rates were perceived to be signs of a developed civilisation. The difference between the various states' infant mortality rates required the mobilisation of a new institution aimed at changing populations' practices with regards to infant care (Buus 1999). Other ethnological dissertations of health and ageing practices work with differences in other ways, e.g. the conceptual and practical variations over time in Danish psychiatry between the sane and the insane (Rønn 1996), or the differences between the recognition of different types of work depending on age and gender (Blaakilde 2011), or the differences between the existential consequences of suffering from a stroke on the one hand and how hospitals handle stroke patients' re-entry into their everyday lives on the other hand (Andersen 2013).

Ethnology's focus on the material (e.g. Damsholt et al. 2009, Jespersen & Melchior 2005, Otto 2005) and the performative (e.g. Sandberg 2009) in recent years is also evident in studies of health practices. In her dissertation, Astrid Pernille Jespersen moves the study of health into the clinics of general practitioners. While she focuses on general practitioners' engagement in their work, she also deals with health practices in her analysis of how authority is practiced during consultations. The authority of the doctor is constantly changing due to new types of patients and the new governing technologies to which the doctor is subject. The consultation is an event in which everyday practices meet expertise, and the general practitioner's authority extends beyond the consultation and into the everyday practices of the patients (Jespersen 2007). This analysis of medical authority positions the differences in health practices within a complex interplay of everyday practices, general practitioners, governing and governed bodies.

The ethnological approach to health exemplified in these dissertations shows how the ethnological gaze tends to focus on differences in health practices and how these

differences have been the object of political intervention. Ethnologists interpret everyday practices and show how they are often out of sync with the political expectations towards them. According to Damsholt and Jespersen (working paper), alterations to everyday practices are not undisputed or without negotiation, and interventions should therefore take the logics of everyday life into account. The ethnological work presented in this and the previous section illustrates how everyday practices and life conduct produce problems (the unhealthy handful of flour, inefficient agriculture, bad soldiers) that arouse political interest and are therefore objects of intervention.

The biopolitical focus in many ethnological studies has bridged the gap between policies and everyday life. I continue this disciplinary legacy by employing the fibre metaphor, which shows how the three formations are entangled and appear through their mutual relations. By positioning forms, such as population pyramids, and practices, such as playing billiards, as entangled fibres, I show how they are part of the same biopolitical matter of concern. There is not far between billiards, policies and population pyramids. This is also a way of politicising everyday practices and showing how the interplay between active ageing and playing billiards assumes a specific subject position, which negotiates the good late life and possibly produces a new human kind.

Canadian science philosopher Ian Hacking uses the term '*human kind*' to show how specific subject positions are produced through the interplay between practices and systems of classification. Hacking analyses how different human kinds have been formed through the classification work of human sciences. Adolescents are an example of such a human kind, which is created through looping effects (and is also very real). But, the elderly fit just as well into this formula: a classification (frail) creates a new type of behaviour (retirement), which produces a label (pensioner), which creates a new form of human kind (elderly), which instigates a new type of behaviour (leisure time), which means that new knowledge about this behaviour can be gained (social gerontology), which creates a new type of classification (the disengaging, the active, the lonely, etc.) and a new label creates a new form of human kind. Classifications change the way people behave, and this behaviour in turn creates new types of human kinds (Hacking 1995). In the same manner, by using the fibre

metaphor, I show how everyday practices are part of the matter of concern, and that the way elderly people assume new subject positions may produce new ways of being old and new practices of the good late life.

As such, when Kaare drinks his dram and says '*Cheers. This is active ageing!*' (see page 93), he is not only joking. He is also assuming a subject position that negotiates the good late life and shows how specific practices are deemed problematic. But in order to be problematised, practices need to be investigated and articulated as problems, as this enables the investments of policies. In the following section, I outline some of the problems of older people's everyday practices and show how policies invest in them.

The problems of old age in active ageing

In this section, I use empirical examples to show that the problems of everyday practices that policies invest in – decline, dependence, loneliness and passivity – are related problems, which can be solved with specific types of activities. Policies and knowledge productions articulate specific problems as being out of sync with the good late life. By reforming institutions and systems, policies invest in these problems. As such, the three formations are entangled. Investments in problems and forms produce a specific good late life, which renders culturally specific forms of activity (article C) and alternative health practices (article D) problematic. As such, the everyday practices that I have studied indirectly negotiate the type of good late life that is inscribed into active ageing.

One of the ideals of the good late life inscribed into active ageing is independence. Dependence has been framed as a central problem of old age (Dant 1988), and the active ageing formats aims to solve this problem in different ways. The activity centres that I have studied are attended by many elderly people who experience various degrees of dependence. Dependence can mean anything from receiving small amounts of home care to complete immobility, and the dependence of a spouse can have dire consequences for the so-called independent spouse as well. One research

subject, Daisy, took care of her sick husband for five years until his death 25 years ago. In recent years, she has begun to experience physical problems due to her care work for her late husband and her cleaning jobs. She dreads the day when she has to accept home care due to her difficulties with cleaning her house, and hates the idea of being dependent. She tries to clean the best she can, but feels inadequate and fears that this feeling of inadequacy will only be reinforced by home care. Other research subjects, Karl, Otto and Wagner, have to (or had to) take care of their dependent spouses and use/d the activity centre as a temporary getaway.

Dependence seems to be a form of threshold for many elderly people, and passing this threshold means becoming ‘really old’. Furthermore, a large number of dependent elderly people represents a huge cost for welfare states, and is one of the problems of everyday life in which policies invest heavily by renewing the home care system, supporting independent residents in nursing homes and by cutting back on early-retirement benefits. This is evident in the EU active ageing format’s elaboration of the theory of structured dependency, which proposes that the dependence of the elderly is created via the organisation of the welfare state. In the WHO active ageing format, the dependence of the elderly can be postponed through healthier lifestyles, and once they are ill or live with disabilities, they are still possible ‘*active contributors to their families, peers, communities and nations*’. Furthermore ‘*(m)aintaining autonomy and independence as one grows older is a key goal for both individuals and policy makers*’ (WHO 2002:12).

The problem of dependence is closely linked to the problem of decline. Many of my research subjects experience a range of chronic diseases, and feel that this is an integral part of getting old. As I describe in article D, many keep disease at arm’s length, and do not engage with their diseases to the same extent as their doctors would want them to. Instead, they keep busy and engage in activities to avoid decline. But decline is still a problem in their everyday practices, as they experience they are unable to do more and more things. One research subject, Kisser, was forced to give up her volunteer work selling sandwiches to a local choir, as she experienced shortness of breath. Her physical decline impedes her from participating in more and more activities and she fears this, as she is very aware that one ‘*has to keep going*’ (Kisser, during interview). The policies invest in the problem of decline by focusing

on prevention and health promotion aimed at postponing decline. In the active ageing formats, activity is seen as the factor that can stop the process of decline, and the more active a life one leads, the more decline can be postponed. The EU and the WHO formats promote different forms of activity, but both formats accentuate the importance of various kinds of activity. However, in both formats, culturally specific forms of social activity, such as billiards, bingo, decoupage, etc. – activities often associated with old age – do not seem to fit in. As I describe in article C, these activities are often very popular, and alternative ideals of the good late life are unfolded here.

The problem of decline brings other problems with it, such as loneliness. As described on page 66, the lonely old person is one of the stereotypical depictions of old people, and harks back to the social gerontology of the 1950s. Loneliness is often described as one of the key problems of aging, but research suggest that loneliness is only common among the very old (80+) and is slightly decreasing in Western Europe (Dykstra 2009). Recently, opinion makers have argued that loneliness amongst the elderly in Denmark is not as big a problem in old age as commonly believed¹⁶. Furthermore, numbers from the Danish Health and Medicines authority (Sundhedsstyrelsen) show that the 16-24 age group is almost as lonely as the 75+ age group¹⁷, that employment and education level are factors that are just as important for the level of loneliness as age, and that 10.4 per cent of women 75+ and 7.4 per cent of men 75+ are lonesome (defined as being unwillingly alone), which is a slight decrease from 2010 (Sundhedsstyrelsen 2014:110-111). As such, while loneliness is an issue in old age and a huge issue for the individuals who are lonely, the numbers show that loneliness is not an automatic consequence of reaching old age, and many of my research subjects are a testimony to this. While the idea of inevitable loneliness when reaching old age has probably always been mistaken, the active late life seems to enable a continuation of social relations later into old age.

¹⁶ Indeed, the director for the Danish organisation Ensomme Gamles Værn (Lonely Elders' Protection), Christine Swane, stated in an interview that loneliness is not a general problem in old age: <http://www.danskepensionister.dk/content/view/441/128/>. Accessed April 1st 2014.

¹⁷ 7% of men and 9.2% of women in the 16-24 age group compared to 7.4% of men and 10.4% of women in the 75+ age group.

However, in my fieldwork I encountered many people who experienced various degrees of loneliness. Most of my research subjects did not have any contact with old friends, and only a few lived close to their relatives. As described in article D, Daisy felt that the weekends were a drag, because the activity centre was closed and she had almost no relationships outside of her activities at the centre. Other research subjects, such as Valter, Margit, Kisser, Sven and Stig, had no remaining friends outside the centre, and many used the centres as a place to date. As such, the activity centre was an important part of their social life, and with deceased spouses, abandoned friends and work colleagues left behind, it was sometimes the only place for togetherness. In this way, the activity centres form part of the solution to the problem of loneliness, and can be seen as a way for policies to invest in this problem. Besides the activity centres, active ageing prevents the problem of loneliness by extending work lives (EU) and through participation in society and the community.

The active ageing formats also attempt to solve the problem of passivity. Many elderly find it difficult to engage in new activities when they retire, and some lead rather passive lives socially, physically and mentally (see for example Stenner et al. 2011 and Townsend et al. 2006 for this discussion). As my research shows, the active ageing formats promote various kinds of activity, and thus endeavour to curtail various kinds of passivity. The EU format promotes longer working lives, and problematises the long period of government-supported productive passivity during the normal retirement range of between 20 and 24 years in Europe. Furthermore, this surplus of leisure time does not necessarily lead to new types of participation and engagement. The WHO format promotes other kinds of activity focusing on health and wellbeing, with a special focus on physical activity. With regards to this kind of activity and the passivity it endeavours to eradicate, activity centres play a huge role in the active lives of my research subjects (although this is of course not representative for the general population, as I met the research subjects at the activity centres) but they also engage in other things outside of the activity centres, such as volunteer work, craftsmanship, traveling, winter bathing, etc. As such, because my research subjects were generally active, the problem of this kind of physically sedentary passivity is not something I encountered during my fieldwork.

However, I heard many stories about my research subjects' peers, who sit on their couch all day and never leave their homes. Indeed, all of my research subjects stress the importance of going out and about and, in general, frown upon passivity. As Jean Townsend and colleagues argue in a study of elderly people in England, the elderly people themselves see the inactive elderly as 'the villains' of old age (2006).

However, the kinds of activities my research subjects engage in are different from the kinds of activities that form the good late life as proposed by the active ageing formats. As such, many of my research subjects are out of sync with active ageing and have an ambiguous stance towards the benefits of activity: They stress the need for activity and are dismissive of passive lifestyles but, at the same time, they refer to the focus on physical activity and health as part of the 'health regime'. Policies invest in the problem of passivity by lowering travel fares for the elderly, establishing activity centres and promoting volunteer work. Furthermore, the pension reforms proposed in the EU active ageing format – which have been initiated in Denmark and postpone the retirement age to 70 for birth cohorts 1970 and forward (Andersen, J.G. 2013) – and the strong focus on lifelong physical activity in the WHO format alter the lengthy and passive old age.

As I have shown in this section, the specific problems invested in by active ageing policies are somewhat solvable and manageable through activity. I have related these problems to active ageing policies, and shown how they configure a specific ideal of the good late life. The problems appear through the policies and knowledge productions, and simultaneously become articulated as problems that can be solved with increased activity. In the following section, I focus on the elderly's adaptation to and negotiation of this ideal of the good late life in their practices.

Negotiating good late lives

All of my research subjects regard themselves to be active older people. They define 'active older people' in different ways, but the most common is the urge to continue to shape one's everyday life despite advancing age; to be active and take control over one's life. While this is in line with the active ageing ideals of participation and

independence, my research subjects do not always participate or act independently in the right ways, according to these ideals. As I describe in article D, being independent can also mean taking actions that are not in sync with the good late life as it is depicted in active ageing policies. Being active does not necessarily mean that people engage in the right kinds of activities.

The research subjects I studied lead active late lives. They engage in the alteration of late life inherent in the active ageing formats *and* are out of sync with them at the same time. They seem to appropriate and practice active ageing, but they also recompose active ageing through this appropriation. The scripts in the policies change in conjunction with everyday practices, and active ageing takes different forms in the research subjects' everyday practices and in policy documents. This relates to Damsholt and Jespersen's descriptions of everyday practices as being inert in the face of change. While ageing has been described as a revolution (Wahl et al. 2007) and a silver tsunami (Delafuente 2009), it should rather be seen as a slow and anticipated process: Through the latter half of the 20th century, population statistics showed that the global population is ageing, science increasingly demonstrated that the ageing process is malleable, and the older generations gradually changed their practices according to their new possibilities. These factors have lead to a variety of positive qualifications of ageing (healthy, successful, productive, etc.). While in terms of discourse, active ageing seems to rearticulate old age completely, the concrete changes that the active ageing formats propose appear to be more gradual, and occur through a tinkering process. As proposed with the conceptual transitions on page 72, change is not abrupt from one epoch to the next (Du Gay 2004). There are traits of the 'old' old age in the new late life, just as the 'old' old age also carried some of the traits of the new late life.

Furthermore, the good late life proposed by the active ageing formats clash with other practices of the good late life. Everyday practices are heterogeneous and negotiate the good late life. In this regard, it is necessary to point out the particularity of the everyday practices I have studied.

Because I conducted fieldwork at activity centres and because of the working class profile of activity centre 2, some considerations about the social status and generality

of my research subjects are necessary. While the working class background of my research subjects at activity centre 2 is quite typical for this generation of elderly, this characteristic might not be as usual in the coming generations and when 20th century industrial society is no longer recent history. However, the users of activity centre 1 were affluent and often had long educations and careers in teaching, journalism, architecture, etc. behind them. And these users engaged in the same type of distancing health practices as the elderly from a working class background, and often also participated in activities that did not seem to fit into the active ageing formats. While the members of activity centre 2 to a greater extent considered themselves to be in opposition to what they called a 'health regime' and often stated that no-one should tell them to eat healthily, exercise or stop drinking and smoking, the users of activity centre 1 also raised concerns about the high expectations regarding lifestyle and activity to which they felt they were subject.

As such, while the working class research subjects might represent a specific stance towards health campaigns and authorities, many of their concerns seem to be general, rather than being specific to only this group. They are not the last remnants of industrial society, but seem instead to represent a more general stance towards health interventions. Moreover, while the activity centres may seem to belong to a different time – with activities such as billiards, darts, bingo and weaving centre canes; traditional lunches with open-faced sandwiches and drams; and an old-fashioned division of chores amongst the genders – they are at the forefront of active ageing policies. As seen in the section above, many of the problems of everyday practices that are invested in by policies are solved at the activity centres, and many Danish activity centres are supported by the local municipalities, partly as a result of active ageing policies.

So, the picture is twofold. On the one hand, my research subjects seem to resist active ageing policies. On the other hand they lead active lives. This duality relates to the point that everyday practices are not inherently stable, but neither are they easy to change. They have some kind of durability due to their collectivity and the conditions with which they are entangled. As such, everyday practices cannot just be adapted to active ageing policies. My research subjects negotiate the clashing ideals of the good old age. They regard an active late life to be important, but simultaneously seek other

activities and practices of the good late life. The way they negotiate active ageing, claim the right to lead life the way they want to, and attend activity centres suggests that they engage in the composition of active ageing. They lead active lives that are not exactly in sync with active ageing policies, and suggest alternative ideals of the good late life through their practices.

As such, the research subjects can also be seen as what Hacking describes as the human kind rejecting its kind (1995:382). On page 100 I outlined how Hacking argues that knowledge produces specific human kinds. In the same text, Hacking describes how those who are known about (the elderly, in my case) participate in the production of knowledge and subsequently demand the rights to this knowledge. Hacking uses the cases of the gay liberation movement and the Hispanics as examples of kinds that claim the right to their knowledge, and have succeeded in changing their kind through this knowledge (1995:381-382). Maybe the elderly could be another human kind that engages in the knowledge about them, thereby changing the terms and conditions of the policies addressed to them?

There seems to be ways for the elderly to recompose active ageing through their everyday practices. They negotiate active ageing and the ideals inscribed into active ageing by engaging in alternative activities. The everyday practices of many of my research subjects often seem to be more in sync with the 1950s concept of activity, which centred on social activities. But they do not simply engage in the ideal leisure time activities of the 1950s. They mix them with new ideals and fit them into active ageing by both engaging in new and classic old-age activities, and by relating their activities to the ideal of an active late life.

In article C, I show how the billiards players in The Cordial Club inscribe a classic old-age activity into active ageing. The elderly men who play billiards are not in it for the level of physical activity that they achieve by playing for up to six hours four days a week. However, they do recognise the possible health benefits of this physical activity. As such, they maintain that their ideal of a good old age is not the same as in the active ageing policies, but they simultaneously acknowledge some positive aspects of an active late life.

My research subjects' negotiation of active ageing gives some points for consideration with regards to the ideal of an active late life. The good late life in active ageing should not be too narrowly formulated and should be open for local adaptation. This enables alternative activities and communities to be located at the activity centres. This also means that active ageing should not enforce a synchronisation of the ideals and practices of a good late life, but must be able to accommodate differing ideals. Furthermore, the billiards example suggests a different concept of activity. What enables the elderly to play billiards for many hours is a constant shifting between activity and passivity. They wait their turn and sometimes skip a game due to an excess of players wanting to play at the three tables. As I describe in article C, there is not a dichotomy between activity and passivity.

In line with this, anthropologist Emilie Gomart and sociologist Antoine Hennion describe how music lovers and drug users actively arrange their immersed states of passivity, and suggest that activity and passivity should be seen as mutually enabling and on the same continuum (1999). The drug user needs to be actively attached in networks to be able to take the drugs. This includes stealing, being smart, cunning, absorbing the street atmosphere, etc. And then s/he allows him-/herself to submit to '*primary passivity*'. To achieve the sublime moment, drug users and music lovers have to actively arrange it. '*The passage ranges from full agency to passivity*' (1999:236). Activity and passivity is not something to be found in the individual, but something that occurs through events, networks, passions and attachments. Being active requires a collective attachment and a suspension of the self – not a self that individually struggles to maintain his/her activity level for as long as possible. This concept of activity allows frail elderly to be considered as active to the extent that they are able, instead of being regarded as passive. And it shows how neither activity nor passivity are individual achievements, and that the passion for billiards, the collective around it and the attachment to the table and the premises create sublime moments obtained through activity as well as passivity.

These are the kinds of interpretations of everyday practices that the ethnologist can use to negotiate and show how everyday practices, knowledge productions and policies are not in sync with each other. In the following section, I propose the diplomat as an ethnological figure in these negotiations of the good late life.

The ethnologist as diplomat

Throughout this dissertation, despite the many benefits stemming from a more active lifestyle, the implicit question remains whether it is right to burden older people with demands for change and activity. Should everybody in all age groups immediately jump on an exercise bike and participate in society for as long as possible? By describing an ethnological approach to everyday practices, I have tried to show how change happens through a slow process of negotiation with existing, heterogeneous and culturally specific forms of practice. This implies that if active ageing is to be successfully integrated into everyday practices, its concept of activity should take the activity-passivity-continuum into account. So, one ethnological role seems to be that of an interpreter of everyday practices, as proposed by Damsholt and Jespersen (working paper). However, this poses the question of what to do with these interpretations. Should they engage in the development of new and better policies¹⁸? Could they be brought into the negotiations of a common world?

One of the classic ethnological figures is that of the advocate, as I illustrated with Sundt in this chapter. Through close studies of everyday life, ethnologists have brought their interpretations of everyday practices into the political arena by advocating for the inherent logics and rationality of folk customs inherited through generations. It seems to be characteristic of the discipline that intimate stories from the kitchen entrances of lay people position ethnologists as advocates who speak on behalf of the everyday practices. When met with the different rationales of knowledge productions and policies, the ethnological advocate gives primacy to everyday practices and defends them. But what if we also studied the rationales of knowledge productions and policies? Could we, as Højrup suggests (1999, see note 18), take part in formulating the conceptual backbones of governance by studying matters of concern via the different fibres and entangled formations? Perhaps, instead of posing all these questions, the figure of the ethnological diplomat could provide some answers.

¹⁸ Thomas Højrup has previously criticised this application of ethnological and scientific practice to better policies as naive, and has instead suggested a conceptual work that critiques and negates the logic of the current political discourse and engages in the formulation of hurdles (Højrup 1999). Following this line of thought, the political task of ethnology is not to engage in the art of governing, but to formulate the conceptual backbones of governance.

Latour proposes the diplomat as a negotiator between different worlds (2002). By arguing that there are different ontologies at stake, he chastises the modern idea of a single rationality, which is constantly progressing firmly based on a belief in the facts of nature. Instead, there are different worlds at war with each other. There is not one rational, natural, constituted world, but different worlds. The role of the diplomat is to bring these worlds together and to attempt to compose some kind of unity, without exactly knowing how such unity might look. In the case of ageing as a matter of concern, the different worlds are the different entangled formations, which, although they intersect, comprise very different practices and ideals of the good late life. Part of the diplomatic work is to show that the matter of concern is constructed – not as a social construction but as a thorough crafting of ontology, which takes the constructedness as a positive sign of possible unity:

From both sides of the table (if indeed it is a table) one would then hear: "At least we can be sure of one thing: that your gods as much as ours, your worlds as much as ours, your sciences as much as ours, your selves as much as ours, are constructed." The relevant question for the diplomats would no longer be, "Is it or isn't it constructed" but rather: "How do you manufacture them?" And, above all, "How do you verify that they are well constructed?" Here is where negotiations could begin: with the questions of the right ways to build. (Latour 2002:40).

While the lines and worlds in Latour's text are sharply drawn and opposed, my use of the fibre metaphor suggests instead that the different worlds are already deeply entangled. The formations of knowledge productions, everyday practices and policies have different products and rationales, but are also deeply entwined and in constant negotiation with each other. The role of the ethnological diplomat then is to show the different rationales their respective constructedness, how they relate and clash and how they are gathered in the matter of concern. This is not an advocacy of everyday practices, but a diplomat who brings the everyday practices into the negotiations. It is diplomacy on behalf of the everyday practices, which attempts to bring the different formations to the table and openly questions 'the right way to build' an ageing society. This is not to suggest that the ethnologist can play what Haraway has termed science's 'god trick of seeing everything from nowhere' (1988:581), but that the close

examination of knowledge productions, everyday practices and policies provides a glimpse into these worlds. As I have shown, they already negotiate, but in subtle and indirect ways that do not provide the possibility for formulating common questions about the right way to build.

The diplomat endeavours to show how the formations' different rationales clash, and attempts to bring the ideals and practices of the good late life more in sync with each other, well knowing that a complete synchronisation is not the goal. Their differences and out-of-sync-ness is also what makes them appear as solid formations of fibres, and it is their differences and the way they entangle that produce forms, problems and investments. The matter of concern cannot be solved by synchronisation but by negotiation of the right ways to build an active late life.

While the investigation of different rationales between different groups of the population and between the governing and the governed is a classic ethnological virtue, the diplomatic figure uses this virtue to attempt to engage in a negotiation between them. As I have shown, the activity-passivity-continuum derives from an interpretation of everyday practices. The ethnological diplomat would bring this interpretation into the negotiations, and use the interpretation to bring the concept of activity implied in the active ageing policies on the agenda. But this negotiation would not be the advocate's argument *for* this specific concept of activity, but rather the diplomat's discussion, construction and explicit contrasting. Such a contrasting could be between the everyday practices' activity-passivity-continuum, the active ageing policies' activity-passivity-dichotomy, as well as the knowledge productions' engagement in determining the benefits of more and constant activity on the individual and population levels. This negotiation would show how they relate, where they differ, the effects they each have in the world, and how they could perhaps mutually construct a good late life that takes these different ideas of activity into account.

While Latour seems to suggest that a common world is possible, I am hesitant to go so far. The diplomat's negotiation might not be the path towards a unified mono-ontological world, but may instead consist of small steps and concrete negotiations. There might still be many conflicting practices and ideals of the good late life, but the

ethnological diplomat could perhaps enable them to see their differences, where they differ, and bring their various concepts of activity more in sync with each other. The goal might not be a unified and synchronised world but a slow tinkering of knowledge productions, everyday practices and policies, aimed at producing better effects in the world(s).

So, to answer the questions I started this section with: Everybody in all age groups does not have to immediately jump on exercise bikes or silently accept the other recommendations in active ageing policies. Rather, the knowledge productions' and policies' promotion of more active lives should be brought into a negotiation with the everyday practices. This relates to the second question regarding what to do with the ethnological interpretations. These should also be brought into the negotiations of how to form the good late lives, well knowing that they cannot stand alone. The ambition with the interpretations is not to show the inertness or supremacy of everyday practices, but rather to bring them to the table and use them in a mutual negotiation and synchronisation of the formations. Finally, this relates to the third question regarding what to study and how to use studies of knowledge productions and policies. We (as ethnologists) need to study policies and knowledge productions, if we want everyday practices to attain a more central seat at the table where the formations attempt to solve the matter of concern. Indeed, maybe we will have to construct such a table first. If we are to become good negotiators, we must be diplomats with a humble, genuine and engaged interest in the other formations. With such diplomats, everyday practices could perhaps more directly take part in forming the ideals of the good late life.

In this chapter, I have described how I approach the everyday practices of the elderly and related this to a biopolitical interest in life conduct. I have used examples from ethnological research to show how everyday practices are out of sync and not easily changed, and that the problems produced through these practices are part of a negotiation of the good late life. I have also argued that the problems of everyday practices, in which active ageing policies invest, are specific problems solvable by activity. By linking everyday practices to bigger issues and supranational policies, I have entered the kitchen door of active ageing and shown the significance of the seemingly insignificant activities at the activity centres: that small routines and

practices are some of the fibres gathering the matter of concern. I have used this linking of everyday practices with knowledge productions and policies to propose the diplomat as an ethnological figure engaging in the negotiation of the good late life. If matters of concern are gathered by different disputed facts and practices, then negotiating their solution requires an engagement with these.

In part 2, I have shown how ageing as a matter of concern is gathered by fibres entangled in three formations. These entangled formations – knowledge productions, policies and everyday practices – produce forms, investments and problems that are operationalised in the active ageing formats. As such, the active ageing formats are responses to the matter of concern. While I examine active ageing policies and their entanglements with everyday practices and knowledge productions further in the articles, in the following I conclude Part 1 and 2 by clarifying how active ageing unmakes old age, and by summing up what ethnology can contribute with in the matter of concern.

8. Unmaking old age / Conclusion

We are going to decrease the number of years of ill health, but we are going to prolong the number of years that people can potentially contribute to society. The gain for society is double both in terms of less expenses incurred but also prolonging contribution of people to their societies, and I can't think of any negative effects. This (is) what people individually want. They want to live as long as possible but in good health. (Kalache).¹⁹

In the above quote, Kalache presents the societal benefits of compressed morbidity – one of the key theories in the WHO active ageing format – and relates the individual benefits to society's gain. He outlines a universal and individual striving towards a long and healthy life, and portrays the ideal of compression of morbidity as a goal that is within reach. If people can live longer and be healthy at the same time, the problem of ageing can be solved: Old age as decline and passivity is unmade.

Danish economist Jørgen Goul Andersen has analysed pension reforms and demographic development in Denmark, and come to the conclusion that the problem is solved: While the proportion of elderly is increasing – it is estimated that it will reach Japanese levels by the year 2050²⁰ – thanks to the recent pension reforms, this will not cause any economic problems as long as fertility rates are maintained and the pension system is not drastically changed. Denmark has succeeded in adjusting the pension system by gradually extending the age limit for receiving pensions from 60 years of age (birth cohorts until 1953) to 70 years of age (birth cohorts 1970 and onward). While other countries face bigger challenges, Andersen presents the crisis of ageing as one that can be solved through reforms and population policies that ensure fertility rates. The societal situation is favourable (Andersen 2013:71-78). Old age as economic and social dependence is unmade.

In 2013, Kalache and Walker, two of the key figures in the operationalisation of the two active ageing formats, published the editorial '*Active Aging: A global goal*'

¹⁹ From an interview With Alexandre Kalache conducted by Kyle Jensen, Sage Crossroads, 7th January, 2009: <http://www.sagecrossroads.com/files/Kalache.pdf>. Accessed 16th April, 2014

²⁰ The Japanese percentage of elderly is 75% (for every 100 persons aged 15-64 there are 75 aged 65+).

together with two other central figures in active ageing. Here, the two active ageing formats are unified:

From a scientific perspective, active Aging can be considered as an umbrella concept embracing a semantic space in which healthy, successful, or productive Aging are strongly related. (...) Although there is not an empirical definition of active Aging commonly accepted, there is a certain consensus that it embraces a set of domains: low probability of illness and disability, high physical fitness, high cognitive functioning, positive mood and coping with stress, and being engaged with life. (...) Those expert definitions are coincident with what lay older adults consider... (Fernandez-Ballasteros et al. 2013:2).

In this editorial, the two active ageing formats are merged. The two formats draw on different theories and contain different arguments and solutions, but in their concrete implementations in local initiatives they can be hard to distinguish, as I described on page 87. The formats speak to each other, feed off each other, and discuss and debate with each other. As I have shown in this dissertation, active ageing is not one concept striving for consensus, but a multiple reality that suggests solutions – sometimes similar, sometimes different – to the matter of concern. It moves the foundations of the matter of concern, and shows that the concern is not a stable and natural fact, but a disputed and malleable concern. In this way, active ageing is not just a solution to the matter of concern; it also forms ageing as a matter of concern, because it shows its malleability, its disputability and its embeddedness in institutionalisation.

Active ageing produces hope for a sustainable society despite decreasing fertility and mortality rates. And it produces new ideals of the good late life by radically rearticulating the capabilities, ambitions and contributions of late life. This unmaking of old age is evident in the aforementioned discussion about the allocation of 1 billion Danish Kroner for elder care, in the activation of the residents in nursing homes, in commercials, in media, in the activities promoted at activity centers, in health campaigns targeting the elderly, in clinical trials and in pension reforms (see illustration 15) and when the then Danish social minister Annette Wilhelmsen from the Socialist Peoples Party (SF) launches her ageing policy by stating that she ‘*fundamentally believes that we all wish to be able to take care of ourselves (...) We*

as a society have a responsibility to support that wish²¹.

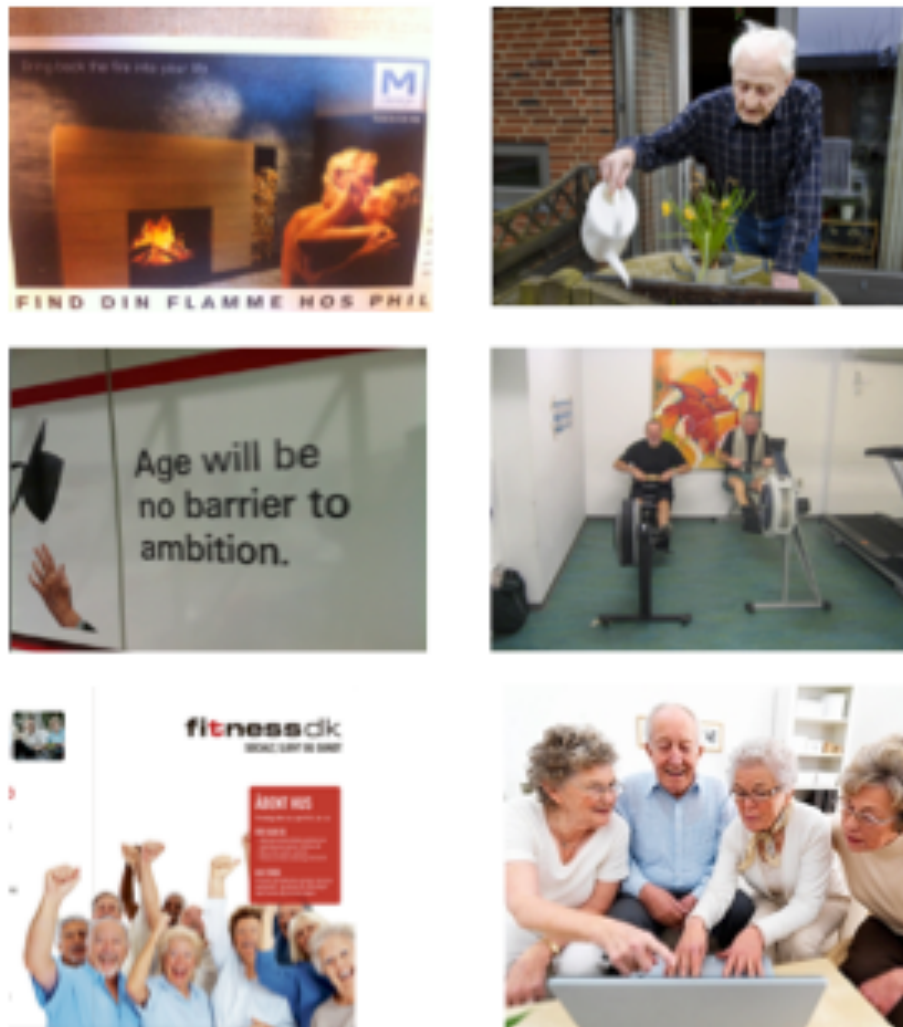


Illustration 15. The unmaking of old age is evident in commercials, campaigns and activity centres. Pictures from upper left corner: 1) Commercial for Philip Pejse with an old couple in a passionate embrace in front of a fireplace. 2) Picture from Kristeligt Dagblad about Birkelund Nursing Home, which allows the elderly to contribute to its daily routines and organisation²². 3) Commercial for the banking and commercial service HSBC. Picture taken in Brussels Airport, March 2013. 4) Picture from my fieldwork at activity center 1, January 2011. 5) Commercial from the fitness centre fitness.dk²³. 6) Picture from a webpage debating the digitalisation of communication with public authorities in Denmark²⁴.

²¹ Quote translated from Danish: 'Jeg tror grundlæggende, at vi alle ønsker at kunne klare os selv. (...) Vi har som samfund et ansvar for at støtte det ønske'. From <http://www.dr.dk/Nyheder/Politik/2014/01/28/0128081429.htm>. Accessed 16th May 2014.

²² <http://www.kristeligt-dagblad.dk/artikel/413436:Danmark-Plejehjem-afskaffer-sove-og-spisetider>. Accessed 16th May 2014.

²³ <http://politiken.dk/oekonomi/privatoekonomi/ECE1600984/slut-med-ungdomsdyrkelsen-nu-skal-reklamerne-tale-til-seniorerne/>. Accessed 16th May 2014.

²⁴ http://biblioteksdebat.blogspot.dk/2012_01_01_archive.html. Accessed 16th May 2014.

Old age is unmade in these rearticulations and investments. But to state that it can be unmade requires that it was made in the first place.

As I have shown throughout this dissertation, social gerontologists have tended to depict old age as being made in the welfare institutions of 20th century industrial society. In this regard, it can be seen as a social construction. But as I have argued, ageing is more than a social construction. It is also a range of disputed facts, forms, practices and policies. It has been crafted through a range of engaging practices. However, according to Latour's definitions of facts and concerns, the circumstance that a fact is crafted and disputed does not make it less real (Latour 2004, 2005, 2008). It is factorised through the engagements of knowledge productions, everyday practices and policies.

There are many ideals and practices of the good late life. But via the active ageing formats, the ideal of an active late life has huge effects in the way late life, and indeed the entire life course, is reorganised. Old age is unmade through active ageing's reforms, policies, institutions and conduct of conduct. With this unmaking, it aims to solve ageing as a matter of concern.

But old age cannot just be unmade. Everyday practices are inert, speak back, behave in strange and unexpected manners, negotiate and transform the ideal late life inscribed in the policies. Something new is generated out of the entanglements between active ageing and the everyday practices.

The elderly engage in new forms of activities, and talk about late life as a healthy, active and engaged period of life. But they also retain many of their practices. Everyday practices are also solid and hard to change (Damsholt & Jespersen working paper, Ehn & Löfgren 2010). Again, old age is more than a social construction. It is disputed facts. It is everyday practices with durable problems of decline and dependence. It is culturally specific practices such as billiards and bingo. And it is different ways of practising the good late life; many elderly people conceive of the good old age as one of relaxation and alternative types of activities. This 'old' type of old age appears more strong and solid in the light of the attempts to unmake it. There is a duality at play here: While old age is unmade, it also appears clearer and more

solid due to the older people's insistence on their traditional or alternative practices and rationalities.

The question then becomes: What does this duality generate? What new practices are formed, and how is the good late life practised when active ageing is transformed in the everyday practices?

This is where ethnology has something to offer. By showing the entanglements between everyday practices, knowledge productions and policies, the ethnological gaze can provide an alternative account of the ageing society: One that does not take scientific facts, political solutions or the individual experience of ageing as the cradle of the problem, but which insists on the entanglement of the matter of concern. The different formations are mutually formed. The task for ethnology is to show how the fibres – from the smallest routines to international governance institutions to laboratory mice – are entangled and together gather the matter of concern. The disputability of the facts, practices and policies of ageing enables engagement and opens up for different ways of composing the matter of concern.

So, when Kalache states that this is *'what people individually want. They want to live as long as possible but in good health'* (see page 115), ethnologists need to ask him: 'How do you know what people individually want?' 'From which kind of data do you develop this insight/assumption?' It seems that he is taking for granted the ways that people practice the good life, and impose his own ideal onto them. But there are myriad ideals and practices of the good life, and he presents a simplified picture of what people want. My research shows that the good late life is practised in many different ways, and that often the long and healthy life is not the primary worry in elderly peoples' everyday practices (see articles C and D). While I do not wish to belittle the tremendous work that Kalache has done for establishing conditions for longer and healthier lives, we ethnologists need to react to such rudimentary invocations of peoples' wishes. If not, epidemiologists like Kalache and economists like Andersen are left to define the good life.

I have proposed the diplomat as an ethnological figure, which engages in the matter of concern by bringing the everyday practices into the negotiations of how to craft the

ageing society. However, this is not an advocacy of the everyday practices, but a diplomacy that endeavours to show how the different formations – knowledge productions, policies and everyday practices – are out of sync with each other. The different formations are entangled, but through their practices they also produce different products and inhabit different worlds. While I do not believe that their differing ontologies can be completely synchronised, scrutinising how they are out of sync and bringing this into the negotiations would provide active ageing policies that both attempt to solve the matter of concern and also acknowledge the everyday practices.

With this I opt for an ethnology that researches policies and knowledge productions, but which does so in order to be better diplomats for the everyday practices. The disciplinary legacy of relating everyday life to governing practices provides a good background for doing so. After all, ethnology has, since the early days of the discipline, endeavoured to preserve and display everyday practices to outsiders. But the preservable and displayable practices are very specific everyday practices. Peasants, fishermen, blue-collar workers, and in this case, the elderly, tend to be the kind of mundane everyday lives that are studied and defended in Danish ethnology. What I have tried to show, and what many ethnologists before me have shown, is that such mundane everyday practices are intrinsic components in the governance of everyday life; in this specific case: that The Cordial Club, population pyramids, geriatrics and international policy organisations are entangled. As such, this is also a very specific configuration of everyday practices that insists on relating small issues to matters of great concern.

The ethnological diplomat then, is a way to become better negotiators on behalf of the everyday practices. While these are already part of the active ageing policies, they only feed into the policies in subtle and implicit ways. The diplomat should bring the different practices into the negotiations, and see where they can be synchronised with the policies. As such, ethnologists and everyday practices can engage in the matter of concern and become involved in compositioning the policies of the good late life.

In the following articles, I show different ways of engaging with and being a part of the matter of concern. In article A, I describe the challenges for ethnology regarding

its involvement in the innovation of technologies to promote active ageing. In article B, I explore the composition of knowledge-driven policies. In article C, I argue that by studying and learning from culturally specific forms of practice, active ageing can be recomposed. In article D, I propose how active ageing can form part of an alternative health practice.

This dissertation brings three overall contributions to ethnology, STS and ageing research, besides the articles' separate (but related) contributions. First, the dissertation provides a tool for studying matters of concern empirically, by suggesting fibres and entangled formations as ways of untying the knot and researching how small practices are entangled and make up matters of great concern. Secondly, the dissertation provides an ethnological account of ageing, which neither focuses exclusively on ageing policies, knowledges of ageing or older persons' everyday practices, but rather shows the entanglements of these formations. As such, this dissertation demonstrates the need for an ethnological position in ageing research and in ageing politics, by positioning everyday practices as a critical part of the matter of concern. I develop the diplomat as an ethnological position in matters of concern, and as a way for ethnologists to engage in the composition of the good late life. Thirdly, the dissertation provides a thorough analysis of active ageing and what exactly it does to the organisation of ageing populations, how active ageing is formed, which effects it has in the world, how it unmakes old age and how it can be improved. As such, while the dissertation criticises active ageing, the form of criticism I have tried to conduct is one that associates, engages and bridges differences.

I have argued that to study ageing as a matter of concern, the research has to be conducted at many levels. I have studied many different theories of ageing, many different political and scientific shapings of an ideal good late life, and different activity centres, activities and practices. This means that my research practice have shifted during the process, and I have used different methods and theories in my analysis. By describing my process in chapters 2 and 3, and by exposing my research practice in chapter 4, I have tried to show how method, theory and analysis condition each other. When my analysis led me to approach active ageing in a different way, this had implications for theory and method, which again had implications for my analysis. As such, I have abstained from writing distinct method and theory chapters,

but find that part 1 describes my research practice more satisfactorily, than it would, if I had separated method, theory and analysis.

Throughout the dissertation, I have argued that active ageing is an unmaking of old age. The knowledge productions used in the active ageing formats points to ageing as a highly malleable process. In this line of thought, old age can indeed be unmade. However, while the radical and thorough reorganisation and rearticulation of old age will probably change old age, bodies still decline, everyday practices still endure, and old age seem to be so deeply entangled in the organisation of the life course that an unmaking seems highly unlikely. Instead, the unmaking of old age is a generative engagement that produces new ideals and practices of the good late life, and which should be in an open negotiation with the practices in which it intervenes.

Old age cannot just be unmade. But that which is clear to me after my research, and that which is hopefully clear to you after reading this dissertation, is that the ideals and practices of the good late life are challenged, negotiated and changing. Old age is not what it was in the 20th century.

Hence, while ageing as a matter of concern calls for different types of solutions, active ageing presents itself as the best possible solution; one that solves many of the individual and collective problems associated with old age. I do not deem active ageing to be a bad solution, but rather state that it can be improved. And that ethnology can contribute in this regard. However, this means that we should engage with ageing (and matters of concern in general) on several levels. The interdisciplinary projects that I have been lucky enough to be part of in recent years, and that I will continually engage in, provide good environments for studying matters of concern in this way. We need to understand the epistemologies and ontologies of the policies and the other types of research that engage in the practices we study, in order to collectively provide good solutions to matters of concern. But we need to do so remembering that our interests and competences lie in studying and negotiating on behalf of everyday practices. I hope that the fibre metaphor can provide a tool, or at least an inspiration, to engage in matters of concern in this way.

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Part 3: Articles

Article A: Innovating for ‘active ageing’ in a public–private innovation partnership: Creating doable problems and alignment.

Written with Julie Bønnelycke and Lene Otto. To be part of a special issue titled ‘*STS & Ageing*’. Published online in *Technological Forecasting & Social Change*, 2nd February 2014: <http://dx.doi.org/10.1016/j.techfore.2014.01.006>

Article B: Unmaking old age: political and cognitive formats of active ageing

Written with Tiago Moreira. Published in *Journal of Aging Studies*, volume 30, August 2014, pages 33-46: <http://dx.doi.org/10.1016/j.jaging.2014.03.004>

Article C: Billiards, rhythms, collectives - Billiards at a Danish activity centre as a culturally specific form of active ageing

Published in *Ethnologia Europaea*, 44:1, pages 57-74.

Article D: Keeping disease at arm’s length – how older Danish people distance disease through active ageing

Published online in *Ageing & Society*, 27th March 2014: <http://dx.doi.org/10.1017/S0144686X14000245>

Summary

Since the end of the 1990s, the European Union and the World Health Organization have proposed active ageing as the best possible solution to the problem of ageing populations. This dissertation discusses how active ageing policies are constructed, what effects they have in the world, and how they are negotiated with everyday practices of the elderly. I have explored these topics via ethnographic fieldwork at two activity centres in the Copenhagen area, via document studies of policy papers and gerontological literature about the concept of activity, and via participation in a public-private innovation partnership (PIIP) that developed technologies catering to the active late life.

A thorough analysis of active ageing entails studying what precisely active ageing tries to solve. I approach ageing as a matter of concern, a term proposed by Bruno Latour to describe how myriad practices and disputed facts are gathered into a concern (2004); I propose the ‘fibre’ metaphor as a tool to study matters of concern. In this metaphor, knowledge productions, policies, and everyday practices are different entangled formations of fibres that, through their relations, feed into matters of concern. Hence, the fibre metaphor includes everyday practices as an aspect of how matters of concern are gathered; with this, I position myself theoretically and disciplinarily as an ethnologist inspired by science and technology studies.

Active ageing policies can be seen as operationalisations of knowledge forms and everyday life problems. Together, they are crafted into one common statement: activity can unmake old age. Hence, these policies constitute solid formats with specific ideals of the good late life. But when these ideals become entangled with the everyday practices of the elderly, they are transformed in various ways – the policies, knowledge productions, and everyday practices are out of sync with each other. I propose the diplomat as an ethnological figure who, through a genuine interest in knowledge productions and policies, can bring everyday practices into the negotiations of active ageing. While active ageing may, in many ways, constitute an unmaking of old age, this is a generative unmaking that creates new forms of the good late life.

The dissertation is divided into three parts, in which part 3 is comprised of four published articles. In part 1, I describe my process in the early phases of the project, and how I came to approach ageing as a matter of concern. By describing my participation in the PPIP and the Center for Healthy Aging in chapters 2 and 3, I show how myriad practices and knowledges gather ageing. In chapter 4, I unfold my research practice and, by describing how my analysis of active ageing has changed throughout the project, I demonstrate how method, theory, and analysis intersect. Part 1 ends with my proposal of fibres as a tool to study matters of concern.

In part 2, I dedicate a chapter to each of the three entangled formations. In chapter 5, I examine how knowledge productions produce specific forms – classifications, standards and models – that constitute different ways of knowing about ageing, which entangle with the other formations. In chapter 6, I explore how the EU's and the WHO's active ageing policies differ in their constructions and intents in the world, and suggest that this is due to the way they invest in specific forms and problems from the other formations. In chapter 7, I analyse how everyday practices produce problems, which are articulated and invested in by the other formations. I show how ethnology has researched everyday practices, and use this to position the ethnological diplomat. In chapter 8, I conclude by stating that active ageing attempts to solve the concern of ageing by unmaking old age. However, via this unmaking, something new is generated.

In part 3, I demonstrate four different ways to engage in active ageing. In article A, I describe how I participated in the innovation process of new technologies that cater to active ageing, and show how a specific kind of late life is assumed in such innovation processes. In article B, I portray active ageing as multiple knowledge-driven policy formats, which intend to unmake old age by engaging in the malleability of the ageing process. In article C, I show how a billiards collective at an activity centre negotiates active ageing via its members' everyday practices, and I suggest that billiards is a culturally specific form of activity that calls for a recomposition of active ageing. In article D, I propose that the way active ageing is practised at the activity centres allows the elderly to keep their diseases 'at arm's length' despite their having severe chronic conditions. Hence, active ageing is encompassed within an ambiguous health strategy that ignores – rather than deals with – disease.

Resumé

Den Europæiske Union og World Health Organization har siden slutningen af 1990'erne fremsat aktiv aldring som den bedst mulige løsning på problemet med aldrende befolkninger. Denne afhandling diskuterer hvordan aktiv aldrings-policies er konstrueret, hvilke effekter de har i verden, og hvordan de forhandler med ældres hverdagspraksisser. Jeg har udforsket dette igennem etnografisk feltarbejde på to aktivitetscentre i Københavnsområdet, igennem dokumentstudier af policy papirer og gerontologisk litteratur omhandlende aktivitetsbegrebet, og igennem deltagelse i et offentligt-privat innovationspartnerskab, der udviklede teknologier der imødekommer et aktivt ældre liv.

En grundig analyse af aktiv aldring indebærer at studere, hvad det er som aktiv aldring forsøger at løse. Jeg tilgår aldring som en bekymringsgenstand ('a matter of concern'). Bruno Latour forelagde bekymringsgenstande for at beskrive hvordan myriader af praksisser og omstridte fakta er sammentrukket i en bekymring (2004). Jeg foreslår at studere bekymringsgenstande igennem en fibermetafor. I denne metafor fremkommer vidensproduktioner, policies og hverdagspraksisser som forskellige sammenfildrede formationer af fibre, som igennem deres relationer føder ind i bekymringsgenstanden. Således bringer fibermetaforen hverdagspraksisser ind som et aspekt af hvordan bekymringsgenstande er sammentrukkede, og med denne tilgang positionerer jeg mig teoretisk og disciplinært som en etnolog inspireret af science and technology studies.

Aktiv aldrings-policies kan ses som operationaliseringer af vidensformer og hverdagslivsproblemer. De er sammentrukket i et fælles udsagn: aktivitet kan ophæve alderdommen. Således konstituerer disse policies solide formater med specifikke idealer om det gode sene liv. Men når disse idealer bliver sammenvævet med ældres hverdagspraksisser transformeres de på forskellige måder – policies, vidensproduktioner og hverdagspraksisser er ude af sync med hinanden. Jeg fremlægger diplomaten som en etnologisk figur, der, igennem en oprigtig interesse for vidensproduktioner og policies, kan bringe hverdagspraksisserne ind i forhandlingerne om aktiv aldring. Selvom aktiv aldring på mange måder udgør en

ophævelse af alderdommen, så er det en generativ ophævelse, som skaber nye former for gode sene liv.

Denne afhandling er opdelt i tre dele, af hvilke del 3 består af fire udgivne artikler. I del 1 beskriver jeg min proces i starten af projektet, og hvordan jeg begyndte at gå til aldring som en bekymringsgenstand. Ved at beskrive min deltagelse i det offentlig-private innovationspartnerskab og i Center for Sund Aldring i kapitel 2 og 3, viser jeg hvordan myriader af praksisser og videner sammentrækker aldring. I kapitel 4 udfolder jeg min forskningspraksis, og ved at beskrive hvorledes min analyse af aktiv aldring har ændret sig igennem projektet, demonstrerer jeg hvordan metode, teori og analyse krydser hinanden. Jeg afslutter del 1 med at fremlægge fibre som et redskab i studiet af bekymringsgenstande.

I del 2 tildeler jeg et kapitel til hver af de tre sammenfildrede formationer. I kapitel 5 undersøger jeg hvordan vidensproduktioner producerer specifikke former – klassifikationer, standarder og modeller – som udgør forskellige måder at vide om aldring, og som sammenfiltrer med de andre formationer. I kapitel 6 udforsker jeg hvordan EU's og WHO's aktive aldrings-policies er konstrueret forskelligt og har forskellige hensigter i verden. Jeg foreslår at dette skyldes måden de investerer i specifikke former og problemer fra de andre formationer. I kapitel 7 analyserer jeg hvordan hverdagspraksisser producerer problemer, som er artikuleret og investeret i af de andre formationer. Jeg viser hvordan etnologi har forsket i hverdagspraksisser, og bruger dette til at positionere den etnologiske diplomat. I kapitel 8 konkluderer jeg ved at fastslå at aktiv aldring forsøger at løse aldringsbekymringen ved at ophæve alderdommen. Men igennem denne ophævelse genereres der noget nyt.

I del 3 demonstrerer jeg fire forskellige måder at engagere sig i aktiv aldring. I artikel A beskriver jeg, hvordan jeg deltog i innovationsprocessen af nye teknologier der imødekommer aktiv aldring, og viser at det er en specifik slags ældreliv der antages i innovationsprocessen. I artikel B skildrer jeg aktiv aldring som multiple vidensdrevne policy-formater, som har til hensigt at ophæve alderdommen ved at engagere sig i aldringsprocessens plasticitet. I artikel C viser jeg, hvorledes en gruppe billardspillere på et aktivitetscenter forhandler aktiv aldring i deres hverdagspraksisser, og tilråder at billard ses som en kulturelt specifik form for aktivitet, hvilket lægger op til en

gentænkning af aktiv aldring. I artikel D fremsætter jeg at den måde hvorpå aktiv aldring er praktiseret på aktivitetscentrene, muliggør at de ældre kan holde deres sygdomme på en armslængde på trods af alvorlige kroniske lidelser. Således er aktiv aldring en del af en flertydig sundhedspraksis som ignorerer sygdomme frem for at handle på dem.

Appendix: Sources

Contemporary sources

Interview subjects from activity centre 1

Andrea, widow, 75 years of age. Interviewed 8th of February 2011 and 11th of April 2012.

Iris, married, 67 years of age. Interviewed 9th of February 2011.

Carsten, married, 70 years of age. Interviewed 10th of February 2011.

Lisbeth, married, 58 years of age. Interviewed 15th of February 2011.

Agnete, widow, 75 years of age. Interviewed 16th of February 2011.

Sofie, married, 72 years of age. Interviewed 23rd of February 2011.

Birger, married, 72 years of age. Interviewed 23rd of February 2011.

Sven, widower, 92 years of age. Interviewed 24th of February 2011 and 16th of April 2012

Interview subjects from activity centre 2

Otto, married, 83 years of age. Interviewed 27th of January and 11th of February 2011.

Margit, widow, 78 years of age. Interviewed 2nd of February 2011 and 12th of April 2012.

Stig, single, 69 years of age. Interviewed 3rd of February 2011.

Wagner, widower, 91 years of age. Interviewed 18th of April 2012.

Daisy, widow, 79 years of age. Interviewed 19th of April 2012.

Karl, married, 78 years of age. Interviewed 20th of April 2012.

Valter, divorced, 73 years of age. Interviewed 23rd of April 2012.

Kaare, married, 80 years of age. Interviewed 30th of April 2012.

Kisser, divorced, 73 years of age. Interviewed 1st of May 2012.

Expert interview

Principal administrator of the European Commission, director-general of Employment, Social Affairs and Inclusion, Fritz von Nordheim, 21st of March 2013

Participant observations

During January and February 2011, April and May 2012 as well as one week in May 2013, I participated in the following activities:

Activity centre 1:

- A smithy workshop
- A Pilates class
- Fitness
- An IT-course

Activity centre 2:

- Billiards
- Bingo
- Card games
- Dice games

Other events and fieldwork sites

- Participation and/or organisation of six workshops in No Age
- Following a mini-scale trial testing Modular Tiles (a prototype developed in No Age) at a rehabilitation centre in spring 2012
- Participating in the service design of the prototypes developed in No Age in spring 2012
- IT courses at Gentofte Bibliotek, spring 2012

Historical sources – Policy documents

(The policy documents referred in the dissertation are both listed here and in the references)

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